

North Carolina Department of Health and Human Services

**Division of Mental Health, Developmental
Disabilities, and Substance Abuse Services**

**2002-2003 Performance
Agreements with
Area Programs and Counties**

Report on the Second Quarter

October 1, 2002 - December 31, 2002

Prepared by

**Advocacy, Client Rights, and Quality Improvement Section
Division of Mental Health, Developmental Disabilities, and Substance Abuse Services**



February-2003



**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Abuse
Services**

3001 Mail Service Center • Raleigh, North Carolina 27699-3001

Tel 919-733-7011 • Fax 919-733-1221 •

Michael F. Easley, Governor
Carmen Hooker Odom, Secretary
Richard J. Visingardi, Ph.D., Director

February 14, 2003

MEMORANDUM

TO: Area Board Chairs
Area Program Directors
County Managers
NC Commission for MH/DD/SAS Members
NC Council of Community Programs
DMH/DD/SAS Executive Leadership Team

FROM: Richard J. Visingardi, Ph.D.

RE: **2002-2003 Performance Agreement - Second Quarter Report**

This transmits the **second quarter report** by the Division of Mental Health, Developmental Disabilities and Substance Abuse Services on its 2002-2003 performance agreements with Area Programs and Counties.

Under these agreements the Division is to provide quarterly reports summarizing results of its monitoring of Area Program or County performance and progress on particular contract requirements. The reports are to include pertinent statewide data and cross-agency comparisons.

State Fiscal Year 2002-2003 is the 4th year the Division has used formal memoranda of agreement that also serve as performance contracts with its local partners. The current contract form and contents differ somewhat from their predecessor instruments. They reflect ongoing collaborative efforts by the Division and the NC Council of Community Programs to enhance report utility in advancing service improvements, client outcomes and overall fiscal, program and system accountability.

If you have any questions, please let us know.

RJV/mb

Enclosure

cc: Secretary Carmen Hooker Odom
Deputy Secretary Lanier Cansler
Assistant Secretary James Bernstein
Fred Waddle
Robin Hoffman
Patrice Roesler
Carol Duncan-Clayton



2002-2003 Performance Agreement Second Quarter Report

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Introduction

Background

In June 1999, the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services developed the 1999-2000 Performance Agreement to replace the memorandum of agreement which historically was signed by each Area Program or County and the Division. The creation of this new contract marked a significant change in the relationship between the Division and the Area Programs and Counties. It moved the relationship to a more businesslike association characterized by the clear statement of respective responsibilities and performance requirements geared toward major program outcomes.

This shift demonstrated the Division's focus on greater accountability for the resources invested in the community-based mental health, developmental disabilities and substance abuse service system by the State and Federal governments.

As an important element in achieving such accountability, the Division employs a variety of specified methods to monitor and/or verify Area Program and County fulfillment of their responsibilities and performance requirements as spelled out in the agreements.

State Fiscal Year 2002-2003 is the fourth year the Division has used these performance agreements with its local partners. As in prior contracts, the current agreements provide that the Division will publish the results of its monitoring in periodic, quarterly reports that present Area-specific performance data, comparisons to statewide data, and cross-Area comparisons.

This is the second quarter report under the 2002-2003 Performance Agreements.

It includes data on the performance requirements specified in Section IV of the current agreements. Some requirements are tracked on a quarterly basis. Others are tracked on a semi-annual or annual frequency. For reasons of economy, only those requirements with a report due in the second quarter are included in this report.

The reporting under Accountability 1 also includes corrective actions and management improvements that result from monitoring of items specified in Section III-C of the current agreement and from prior years' monitoring. These may include actions as required by the Secretary of the Department of Health and Human Services, the Division, or as committed to by Area Programs or Counties related to current or prior audits, program reviews or quality improvement processes.

The tables on the following pages list the performance requirements, allied reporting schedules and the Division Section or Branch staff member to contact for information regarding the requirements and/or associated reports.

Note: The **Duplin-Sampson** and the **Lenoir** Area Programs merged effective July 1, 2002. The successor organization is the **Duplin-Sampson-Lenoir** Area Program. Some reports contained herein continue to present data under both of the two preceding entities. The reasons vary and may be associated with the frequency of the report (e.g., an annual report period including the prior 01-02 Fiscal Year), Client Data Warehouse (CDW) reporting under separate facility codes, and other bases.

Appeal Process

If officials of an Area Program or County believe that information contained in this report is in error, the Area Program Director may make a written appeal to the Director of the Division within fifteen (15) working days of receipt of the report by the Area Program or County. The appeal should include reference to the specific requirement(s) that is/are in question, a clear and concise refutation, and any supporting documentation that can assist in the contest.

The Division Director will appoint staff to review the material submitted and to make recommendations as to a decision: either concurrence with or denial of the appeal. In either case, the Division Director will give timely written notice to the Area Director of the outcome of the appeal including the specific reason(s) leading to the decision. In cases where the Division Director concurs with the Area Program, the Division will send letters to the Area Program Director, the Area Board Chair, and the respective County Manager(s) informing them of the error. An errata sheet and/or corrected table, highlighting the correction, will be included in an appendix to the next Performance Agreement quarterly report.

Appeals should be mailed to the following address:

Richard J. Visingardi, Ph.D., Director
North Carolina DMH/DD/SAS
3001 Mail Service Center
Raleigh, NC 27699-3001

2002-2003 Performance Agreement Report Schedule

February 2003

The table below shows which requirements will be reported by quarter or otherwise.

| Section IV Performance Requirements | | | Quarterly Report Schedule | | | |
|---------------------------------------|---|---|---|--------|--------|--------|
| | | | 1st | 2nd | 3rd | 4th |
| Category | # | Requirement | Nov 15 | Feb 15 | May 15 | Aug 15 |
| A. Fiscal Management | 1 | Maintain responsible accounting, reimbursement and financial management practices so as to provide continuous unrestricted fund balance of at least one month's operational costs and to assure consistent availability of services to client within overall funding levels. For single counties that do not provide fund balances, county managers should provide sufficient financial backing for the program to assure consistent availability of services to clients within overall funding levels. | As Needed This requirement will be measured, monitored and reported on through the pertinent performance requirements under Fiscal Management 2 | | | |
| | 2 | Submit all reports required by law, regulations or the DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports. Such reports shall include the following: | | | | |
| | | Quarterly Fiscal Monitoring Reports | X | X | X | X |
| | | Cost Finding Report | | X | | |
| | | Revenue Adjustment Reports | X | X | X | X |
| | | Documentation of paybacks for non-compliance items identified during the Annual Medicaid Services Audit | | X | | |
| | | Substance Abuse Prevention and Treatment Block Grant (SAPTBG) Compliance Report | | X | | X |
| | | Substance Abuse/Juvenile Justice Initiative Quarterly Reports | X | X | X | X |
| | | TANF/Work First Initiative Quarterly Reports | X | X | X | X |
| | | Volume of Service Submissions for: | | | | |
| | | Regular UCR | X | X | X | X |
| | | Comprehensive Treatment Services Program (CTSP) UCR | X | X | X | X |
| | | UCR-MR/MI | X | X | X | X |
| | 3 | Pay all provider invoices within thirty (30) calendar days after approval (effective 12/1/02) | | | | X |
| | 4 | Submit annually evidence of a current valid Trading Partner Agreement (TPA) with the IPRS Fiscal Agent | | | | X |
| B. Accountability | 1 | Implement reasonable or agreed upon corrective actions and management improvements as required by the Secretary, the Division, or as committed to by the Area Program from audits, program reviews or quality improvement processes | X | X | X | X |
| | 2 | Achieve and maintain accreditation by the Council on Accreditation | X | X | X | X |
| | 3 | Submit timely and complete client data reports for all clients as specified in each of following categories: | | | | |
| | | Client Data Warehouse (CDW) | X | X | X | X |
| | | Client Outcome Initiative (COI) | X | X | X | X |
| | | MR/MI Person Centered Plans | X | X | X | X |
| | | NC Treatment Outcomes and Program Performance System (TOPPS) Assessments | | | | X |
| | | Participate in the Developmental Disabilities Core Indicators Project | | | X | |
| | | Local Community Collaboratives will submit CTSP waiting list data | X | X | X | X |
| | | Maintain current, accurate computerized database reflecting content specified by the Developmental Disabilities Section | X | | X | |
| | | Complete the NC SNAP | X | | | |
| C. Client Rights and Relations | 1 | Administer the Division Client Satisfaction Surveys to Mental Health and Substance Abuse clients, consistent with Division standards and submit data received according to Division guidelines | | X | | |
| D. Access to Services | 1 | Provide access to services for eligible children in DSS custody in an attempt to improve penetration rates from FY 01 to FY 02, subject to available funding | X | X | X | X |
| E. Service Delivery | 1 | Offer an appointment to see individuals who choose the Area Program for follow-up care within five (5) working days after notification to the AP of discharge from state hospitals and ADATCs. If the client does not attend the appointment (i.e., no show), the AP will document that reasonable professional efforts were made to see or reschedule the client. (Adult Mental Health and Substance Abuse Services) | | | | X |

PA Report Schedule 02-03, Q2

2002-2003 Performance Agreement Contact List

February 2003

The table below shows the Division Section or Branch staff member to contact for information regarding the listed Section IV performance requirements and/or reports on those requirements.

| Category | # | Section IV Requirement (abbreviated) | Section/ Branch Contact Person | Phone/Email | Address |
|-----------------------------|---|--|--|---|---|
| A. Fiscal Management | 1 | Maintain responsible accounting, reimbursement and financial management practices | Rick DeBell, Budget Section | (919) 733-7013 Rick.DeBell@ncmail.net | Budget Section 3013 Mail Service Center Raleigh, NC 27699-3013 |
| | 2 | Submit all reports required by law, regulations or DHHS: | | | |
| | | Quarterly Fiscal Monitoring Reports | Rick DeBell, Budget Section | (919) 733-7013 Rick.DeBell@ncmail.net | Budget Section 3013 Mail Service Center Raleigh, NC 27699-3013 |
| | | Cost Finding Report | Rick DeBell, Budget Section | (919) 733-7013 Rick.DeBell@ncmail.net | Budget Section 3013 Mail Service Center Raleigh, NC 27699-3013 |
| | | Revenue Adjustment Reports | Rick DeBell, Budget Section | (919) 733-7013 Rick.DeBell@ncmail.net | Budget Section 3013 Mail Service Center Raleigh, NC 27699-3013 |
| | | Documentation of paybacks for non-compliance items identified during the Annual Medicaid Audit | Marvin Sanders, Program Accountability Section | (704) 330-5216 Marvin.Sanders@ncmail.net | Program Accountability Section PO Box 34128 Charlotte, NC 28234 |
| | | Substance Abuse Prevention and Treatment Block Grant (SAPTBG) Compliance Report | Terrie Qadura, Substance Abuse Services Section | (919)733-4671 Terrie.Qadura@ncmail.net | Substance Abuse Services Section 3007 Mail Service Center Raleigh, NC 27699-3007 |
| | | Substance Abuse/Juvenile Justice Initiative Quarterly Reports | Spencer Clark, Substance Abuse Services Section | (919) 733-4671 Spencer.Clark@ncmail.net | Substance Abuse Services Section 3007 Mail Service Center Raleigh, NC 27699-3007 |
| | | TANF/Work First Initiative | Helen Wolstenholme, Substance Abuse Services Section | (919) 733-4671 Helen.Wolstenholme@ncmail.net | Substance Abuse Services Section 3007 Mail Service Center Raleigh, NC 27699-3007 |
| | | Volume of Service Submission: Regular UCR (Pioneer) | Rick DeBell, Budget Section | (919) 733-7013 Rick.DeBell@ncmail.net | Budget Section 3013 Mail Service Center Raleigh, NC 27699-3013 |
| | | Volume of Service Submission: Comprehensive Treatment Services Program (CTSP) UCR | Julie Hayes Seibert, Child and Family Services Section | (919) 571-4900 Julie.Seibert@ncmail.net | Child and Family Services Section 3015 Mail Service Center Raleigh, NC 27699-3015 |
| | | Volume of Service Submission: MR/MI UCR | Judy Bright, Developmental Disabilities Section | (919) 733-3295 Judy.M.Bright@ncmail.net | Developmental Disabilities Section 3006 Mail Service Center Raleigh, NC 27699-3006 |
| | 3 | Pay all provider invoices within thirty (30) calendar days after approval (effective 12/1/02) | Phillip Hoffman, Resource/Regulatory Coord. & Management | (919) 733-7013 Phillip.Hoffman@ncmail.net | Resource/Regulatory Coordination & Management 3013 Mail Service Center Raleigh, NC 27699-3013 |
| | 4 | Submit annually evidence of a current valid Trading Partner Agreement (TPA) with the IPRS Fiscal Agent | Gary Imes, Information Technology Section | (919) 715-7774 Gary.Imes@ncmail.net | Information Technology Section 3019 Mail Service Center Raleigh, NC 27699-3019 |

Continued on next page

2002-2003 Performance Agreement Contact List

February 2003

The table below shows the Division Section or Branch staff member to contact for information regarding the listed Section IV performance requirements and/or reports on those requirements.

| Category | # | Section IV Requirement (abbreviated) | Section/ Branch Contact Person | Phone/Email | Address |
|---------------------------------------|---|--|---|--|--|
| B. Accountability | 1 | Implement corrective actions and management improvements as required | Contact person for Section/Branch issuing the corrective action | | |
| | 2 | Maintain accreditation by the Council on Accreditation (COA), unless waived by the Division | Michael Byrne, Advocacy, Client Rights, and Quality Improvement Section | (919) 420-7927 Michael.Byrne@ncmail.net | Advocacy, Client Rights, and Quality Improvement Section 3009 Mail Service Center Raleigh, NC 27699-3009 |
| | 3 | Submit timely and complete client data reports: | | | |
| | | Client Data Warehouse (CDW) | Deborah Merrill, Data Operations Branch | (919) 733-4460 Deborah.Merrill@ncmail.net | Data Operations Branch 3019 Mail Service Center Raleigh, NC 27699-3019 |
| | | Client Outcomes Instrument (COI) | Deborah Merrill, Data Operations Branch | (919) 733-4460 Deborah.Merrill@ncmail.net | Data Operations Branch 3019 Mail Service Center Raleigh, NC 27699-3019 |
| | | MR/MI Person Centered Plans | Judy Bright, Developmental Disabilities Section | (919) 733-3295 Judy.M.Bright@ncmail.net | Developmental Disabilities Section 3006 Mail Service Center Raleigh, NC 27699-3006 |
| | | NC Treatment Outcomes and Program Performance System (NCTOPPS) Assessment | Spencer Clark, Substance Abuse Services Section | (919) 733-4671 Spencer.Clark@ncmail.net | Substance Abuse Services Section 3007 Mail Service Center Raleigh, NC 27699-3007 |
| | | Participate in the Developmental Disabilities Core Indicator Project | Judy Bright, Developmental Disabilities Section | (919) 733-3295 Judy.M.Bright@ncmail.net | Developmental Disabilities Section 3006 Mail Service Center Raleigh, NC 27699-3006 |
| | | Local Community Collaboratives will submit CTSP waiting list data | Julie Hayes Seibert, Child and Family Services Section | (919) 571-4900 Julie.Seibert@ncmail.net | Child and Family Services Section 3015 Mail Service Center Raleigh, NC 27699-3015 |
| | | Maintain current, accurate computerized database reflecting content specified by the DD Section | Judy Bright, Developmental Disabilities Section | (919) 733-3295 Judy.M.Bright@ncmail.net | Developmental Disabilities Section 3006 Mail Service Center Raleigh, NC 27699-3006 |
| | | Complete the NC SNAPP | Judy Bright, Developmental Disabilities Section | (919) 733-3295 Judy.M.Bright@ncmail.net | Developmental Disabilities Section 3006 Mail Service Center Raleigh, NC 27699-3006 |
| C. Client Rights and Relations | 1 | Administer the Division Client Satisfaction Survey to Mental Health and Substance Abuse clients | Deborah Merrill, Data Operations Branch | (919) 733-4460 Deborah.Merrill@ncmail.net | Data Operations Branch 3019 Mail Service Center Raleigh, NC 27699-3019 |
| D. Access to Services | 1 | Provide access to services for eligible children in DSS custody | Julie Hayes Seibert, Child and Family Services Section | (919) 571-4900 Julie.Seibert@ncmail.net | Child and Family Services Section 3015 Mail Service Center Raleigh, NC 27699-3015 |
| E. Service Delivery | 1 | Offer appointment to see individuals who choose the Area Program for follow-up care within 5 working days after notification to the AP of discharge from state hospitals or ADATCs | | | |
| | | Adult Mental Health | Bonnie Morell, Adult Mental Health Section | (919) 715-1294 Bonnie.Morell@ncmail.net | Adult Mental Health Section 3014 Mail Service Center Raleigh, NC 27699-3014 |
| | | Substance Abuse Services | Doug Baker, Substance Abuse Services Section | (919) 733-4671 Doug.Baker@ncmail.net | Substance Abuse Services Section 3007 Mail Service Center Raleigh, NC 27699-3007 |

PA Contact List 02-03, Q2

Reports on the
Area Program/County Performance Requirements
of the
2002-2003 Performance Agreements

2002-2003 Performance Agreement
Second Quarter Report
October 1, 2002 - December 31, 2002

Fiscal Management 1

Performance Requirement: Maintain responsible accounting, reimbursement and financial management practices so as to provide continuous unrestricted fund balance of at least one month's operational costs and to assure consistent availability of services to clients within overall funding levels. For single counties that do not provide fund balances, county managers should provide sufficient financial backing for the program to assure consistent availability of services to clients within overall funding levels.

| |
|---|
| <p>This requirement will be measured, monitored and reported on through the pertinent performance requirements under Fiscal Management 2</p> |
|---|

FM1-MaintainRespPractices, Q2

2002-2003 Performance Agreement
Second Quarter Report
October 1, 2002 - December 31, 2002

Fiscal Management 2

Performance Requirement: Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: Quarterly Fiscal Monitoring Reports

Explanation: This report lists Area Program status regarding submission of required quarterly fiscal monitoring reports through the second quarter FY 2002-2003

| Area Program/County | 1st Qtr FY 02-03 Report Received | 2nd Qtr FY 02-03 Report Received | 3rd Qtr FY 02-03 Report Received | 4th Qtr FY 02-03 Cash-Basis Report Received | 4th Qtr FY 02-03 Accrual-Basis Report Received | Comments |
|---------------------------------|----------------------------------|----------------------------------|----------------------------------|---|--|----------|
| Alamance-Caswell | ✓ | | | | | |
| Albemarle | ✓ | | | | | |
| Blue Ridge | ✓ | | | | | |
| Catawba | ✓ | | | | | |
| CenterPoint | ✓ | | | | | |
| CrossRoads | ✓ | | | | | |
| Cumberland | ✓ | | | | | |
| Davidson | ✓ | | | | | |
| Duplin-Sampson-Lenoir | ✓ | | | | | |
| Durham | ✓ | | | | | |
| Edgecombe-Nash | ✓ | | | | | |
| Foothills | ✓ | | | | | |
| Guilford | ✓ | | | | | |
| Johnston | ✓ | | | | | |
| Lee-Harnett | ✓ | | | | | |
| Mecklenburg | ✓ | | | | | |
| Neuse | NO | | | | | |
| New River | ✓ | | | | | |
| Onslow | ✓ | | | | | |
| Orange-Person-Chatham | ✓ | | | | | |
| Pathways | ✓ | | | | | |
| Piedmont | ✓ | | | | | |
| Pitt | ✓ | | | | | |
| Randolph | ✓ | | | | | |
| RiverStone | ✓ | | | | | |
| Roanoke-Chowan | ✓ | | | | | |
| Rockingham | ✓ | | | | | |
| Rutherford-Polk | ✓ | | | | | |
| Sandhills | ✓ | | | | | |
| Smoky Mountain | ✓ | | | | | |
| Southeastern Center | ✓ | | | | | |
| Southeastern Regional | ✓ | | | | | |
| Tideland | ✓ | | | | | |
| Trend | ✓ | | | | | |
| Vance-Granville-Franklin-Warren | ✓ | | | | | |
| Wake | ✓ | | | | | |
| Wayne | ✓ | | | | | |
| Wilson-Greene | ✓ | | | | | |
| | | | | | | |

2nd Quarter Fiscal
Monitoring Reports
not due until
2/25/03

FM2- QFiscal Monitoring Report, Q2

2002-2003 Performance Agreement
Second Quarter Report
October 1, 2002 - December 31, 2002

Fiscal Management 2 - Cost Finding Report

Performance Requirement: Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: **Cost Finding Report**

Explanation: This report lists Area Programs status regarding submission of required cost findings for the fiscal year ending June 30, 2002, due November 15, 2002.

| Area Program/County | Cost Finding Received | Date Cost Finding Received by Regional Accountant | Comments |
|-----------------------|-----------------------|---|----------|
| Alamance/Caswell | ✓ | 11/21/2002 | |
| Albemarle | ✓ | 11/15/2002 | |
| Blue Ridge | ✓ | 11/01/2002 | |
| Catawba | ✓ | 11/01/2002 | |
| Centerpoint | ✓ | 11/15/2002 | |
| Crossroads | ✓ | 11/18/2002 | |
| Cumberland | ✓ | 11/15/2002 | |
| Davidson | ✓ | 11/19/2002 | |
| Duplin-Sampson-Lenoir | ✓ | 11/07/2002 | |
| Durham | ✓ | 11/01/2002 | |
| Edgecombe-Nash | ✓ | 11/01/2002 | |
| Foothills | ✓ | 12/05/2002 | |
| Guilford | ✓ | 11/01/2002 | |
| Johnston | ✓ | 11/15/2002 | |
| Lee-Harnett | ✓ | 11/14/2002 | |
| Mecklenberg | ✓ | 11/01/2002 | |
| Neuse | ✓ | 11/15/2002 | |
| New River | ✓ | 10/30/2002 | |
| Onslow | ✓ | 11/26/2002 | |
| Orange-Person-Chatham | NO | | |
| Pathways | ✓ | 11/08/2002 | |
| Piedmont | ✓ | 11/04/2002 | |
| Pitt | ✓ | 12/06/2002 | |
| Randolph | ✓ | 11/17/2002 | |
| RiverStone | ✓ | 11/06/2002 | |
| Roanoke-Chowan | ✓ | 10/31/2002 | |
| Rockingham | ✓ | 12/30/2002 | |
| Rutherford-Polk | ✓ | 11/04/2002 | |
| Sandhills | ✓ | 11/13/2002 | |
| Smoky Mountain | ✓ | 11/15/2002 | |
| Southeastern Center | ✓ | 11/21/2002 | |
| Southeastern Regional | ✓ | 11/15/2002 | |
| Tideland | ✓ | 10/31/2002 | |
| Trend | ✓ | 12/17/2002 | |
| VGFW | ✓ | 11/01/2002 | |
| Wake | ✓ | 11/27/2002 | |
| Wayne | ✓ | 11/26/2002 | |
| Wilson-Greene | ✓ | 11/01/2002 | |

FM2- CostFindingReport, Q2

2002-2003 Performance Agreement
Second Quarter Report
October 1, 2002 - December 31, 2002

Fiscal Management 2

Performance Requirement: Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: **Revenue Adjustment Reports**

The Division Budget Office is currently working with the DHHS Controller's Office to work out reporting protocols appropriate to the cumulative nature of Area Program Revenue Adjustment Reports

2002-2003 Performance Agreement
Second Quarter Report
October 1, 2002 - December 31, 2002

Fiscal Management 2

Performance Requirement: Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: **Documentation of paybacks for non-compliance items identified during the Annual Medicaid Services Audit**

Information on this performance requirement can be accessed by visiting the Division web site at <http://www.dhhs.state.nc.us/mhddsas/index.html> under Manuals/Forms/Reports section. Go to Audit Reports and then to W & Y Code Audit Report 2001-2002.

FM2- Audit Report Paybacks,Q2

2002-2003 Performance Agreement
Mid-Year Report
July 1, 2002 – December 31, 2002

Fiscal Management 2

Performance Requirement: Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: **Semi-Annual SAPTBG Compliance Report: Mid-Year and Year-End**

| AREA PROGRAM/COUNTY | Criterion 1 | | Criterion 2 | | Criterion 3 | | Criterion 4 | | |
|---|---|----------|--|----------|---------------------------------|----------|---|----------|----------|
| | Receipt of Report from Area Program (Date Received) | | Timeliness of Receipt of Report (Yes/No) | | Completeness of Report (Yes/No) | | Compliance with 48 Hour Per Report Period Synar Activity (Yes/No) | | |
| | Mid-Year | Year-End | Mid-Year | Year-End | Mid-Year | Year-End | Mid-Year | Year-End | Combined |
| # and % of Area Programs Meeting Each Criterion (Reflected as "Date" or "Yes") | 36 | | 29 | | 36 | | 31 | | |
| | 95% | | 76% | | 95% | | 79% | | |
| # and % of Area Programs Not Meeting Each Criterion (Reflected as "None" or "No") | 2 | | 9 | | 2 | | 7 | | |
| | 5% | | 24% | | 5% | | 21% | | |
| Alamance-Caswell | 1/17 | | Yes | | Yes | | Yes | | |
| Albemarle | 1/22 | | No | | Yes | | Yes | | |
| Blue Ridge | 1/24 | | No | | Yes | | Yes | | |
| Catawba | 1/17 | | Yes | | Yes | | Yes | | |
| CenterPoint | 1/20 | | Yes | | Yes | | No | | |
| Crossroads | 1/17 | | Yes | | Yes | | Yes | | |
| Cumberland | 1/17 | | Yes | | Yes | | Yes | | |
| Davidson | 1/17 | | Yes | | Yes | | Yes | | |
| Duplin-Sampson-Lenoir | 1/20 | | Yes | | Yes | | Yes | | |
| Durham | 1/24 | | No | | Yes | | Yes | | |
| Edgecombe-Nash | 1/22 | | No | | Yes | | Yes | | |
| Foothills | 1/22 | | No | | Yes | | No | | |
| Guilford | 1/20 | | Yes | | Yes | | Yes | | |
| Johnston | 1/18 | | Yes | | Yes | | Yes | | |
| Lee-Harnett | 1/20 | | Yes | | Yes | | Yes | | |
| Mecklenburg | 1/20 | | Yes | | Yes | | Yes | | |
| Neuse | 1/20 | | Yes | | Yes | | Yes | | |
| New River | 1/16 | | Yes | | Yes | | Yes | | |
| Onslow | 1/20 | | Yes | | Yes | | Yes | | |
| Orange-Person-Chatham | 1/20 | | Yes | | Yes | | Yes | | |
| Pathways | 1/17 | | Yes | | Yes | | No | | |
| Piedmont | 1/21 | | Yes | | Yes | | Yes | | |
| Pitt | 1/20 | | Yes | | Yes | | Yes | | |
| Randolph | 1/20 | | Yes | | Yes | | Yes | | |
| RiverStone | 1/20 | | Yes | | Yes | | Yes | | |
| Roanoke-Chowan | 1/20 | | Yes | | Yes | | Yes | | |
| Rockingham | None | | No | | No | | No | | |
| Rutherford-Polk | None | | No | | No | | No | | |
| Sandhills | 1/17 | | Yes | | Yes | | Yes | | |
| Smoky Mountain | 1/27 | | No | | Yes | | No | | |
| Southeastern Center | 1/17 | | Yes | | Yes | | Yes | | |
| Southeastern Regional | 1/20 | | Yes | | Yes | | Yes | | |
| Tideland | 1/29 | | No | | Yes | | Yes | | |
| Trend | 1/20 | | Yes | | Yes | | Yes | | |
| V-G-F-W | 1/16 | | Yes | | Yes | | Yes | | |
| Wake | 1/20 | | Yes | | Yes | | Yes | | |
| Wayne | 1/20 | | Yes | | Yes | | No | | |
| Wilson-Greene | 1/17 | | Yes | | Yes | | Yes | | |

*Report revisions are designated in bold and are based on Mid-Year Report data received after January 30, 2003.

I. Performance Agreement Requirement under Fiscal Management 2

The Semi-Annual Substance Abuse Prevention and Treatment Block Grant (SAPTBG) Compliance Report is to be completed by designated area program staff according to written instructions provided with the report form. Semi-Annual Reports are to be submitted to the Substance Abuse Services Section to the attention of Terrie Qadura, SAPTBG Report Coordinator, at 3007 Mail Service Center, Raleigh, NC 27699-3007 or to Suite 1168, Albemarle Building, 325 N. Salisbury Street, Raleigh, NC 27603. Questions about Report completion may be directed to Terrie Qadura or Spencer Clark at (919) 733-0696.

II. Description of SAS Review Summary of Area Program Compliance with Division SFY 02-03 Performance Agreement: Semi-Annual SAPTBG Compliance Report

The SAS Review Summary of Area Program Compliance for the Substance Abuse Prevention and Treatment Block Grant (SAPTBG) has been developed to provide information about area program compliance with designated criteria that have been selected for the Substance Abuse Prevention and Treatment Block Grant Initiative for SFY 02-03. Evaluation of compliance on individual criterion has been determined through comparison of the area program's documentation on the Semi-Annual Report for the report period for each of the following criterion.

Criterion 1: Receipt of Report from Area Program

Receipt of Report from Area Program will be determined on the basis of whether a report has been received by the SAS Section State Office prior to the date of the SAS Review Summary completion and submission to the Division's Program Evaluation Branch. **Meeting of Criterion** is reflected by the listing of a "Date" that the report was received. **Not Meeting of Criterion** is reflected by the designation of "None". **Report revisions are designated in bold and are based on Mid-Year Report data received after January 30, 2003.**

Criterion 2: Timeliness of Receipt of Report

The SFY 2002-2003 Semi-Annual SAPTBG Compliance Report Mid-Year Report for the period of July 1, 2002 through December 31, 2002 is due to the Substance Abuse Services Section on January 20, 2003.

The SFY 2002-2003 Semi-Annual SAPTBG Compliance Report Year-End Report for the period from January 1, 2003 through June 30, 2003 is due to the Substance Abuse Services Section on July 20, 2003.

Meeting of Criterion is reflected by the designation of "Yes". **Not Meeting of Criterion** is reflected by the designation of "No". **Report revisions are designated in bold and are based on Mid-Year Report data received after January 30, 2003.**

Timeliness of report receipt will be determined on the basis of whether submission to Terrie Qadura in the SAS State Office has been as follows:

- Receipt by US Mail, commercial carrier, or courier not later than by 5:00 PM on the due date; or
- Receipt by e-mail to **Terrie.Qadura@ncmail.net** not later than by 5:00 PM on the due date; or
- Receipt by fax to Terrie Qadura at (919) 733-9455 not later than by 5:00 PM on the due date, with verbal confirmation by the program with Terrie Qadura at (919) 733-0696 of actual report receipt.

Note: If an area program report Due Date falls on a Saturday, Sunday, or Holiday, the report will be considered timely by the Substance Abuse Services Section if received by 5:00 PM on the immediately following business day.

Criterion 3: Completeness of Entries of Report

Completeness of report will be determined on the basis of submission to the SAS State Office with full data and complete service activity for all applicable time periods and report sections. **Meeting of Criterion** is reflected by the designation of "Yes". **Not Meeting of Criterion** is reflected by the designation of "No". **Report revisions are designated in bold and are based on Mid-Year Report data received after January 30, 2003.**

Criterion 4: Compliance with 48-Hour Per Report Period Synar Activity

Meeting of Criterion is reflected by the designation of "Yes". **Not Meeting of Criterion** is reflected by the designation of "No". **Report revisions are designated in bold and are based on Mid-Year Report data received after January 30, 2003.**

Compliance with Synar Activity for FY 02-03 will be determined as follows:

- For the Mid-Year Report, a minimum of 48 hours of allowable activity must be documented for the 1st six-month reporting period.
- For the Year-End Report, a minimum of 48 hours of allowable activity must be documented for the 2nd six-month reporting period.
- For the Combined Report for the 12-month period, a minimum of 96 hours during the 12-month period must be documented.

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Fiscal Management 2

Performance Requirement: Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: Substance Abuse/Juvenile Justice Initiative Quarterly Report

| AREA PROGRAM/ COUNTY | SA/JUVENILE JUSTICE PROGRAM | Criterion 1 | | | | Criterion 2 | | | | Criterion 3 | | | |
|--|---|---|----------|----------|----------|--|----------|----------|----------|---------------------------------------|----------|----------|----------|
| | | Receipt of Report from Area Program (Date Received) | | | | Timeliness of Receipt of Report (Yes/No) | | | | Completeness of Report (Yes/No) | | | |
| | | Qtr 1 | Qtr 2 | Qtr 3 | Qtr 4 | Qtr 1 | Qtr 2 | Qtr 3 | Qtr 4 | Qtr 1 | Qtr 2 | Qtr 3 | Qtr 4 |
| # and % of Area Programs Meeting Criterion | Meeting Criterion Reflected by Date or 'Y' | 34 | 33 | | | 29 | 25 | | | 34 | 33 | | |
| | | 100 % | 97 % | | | 85 % | 74 % | | | 100 % | 97 % | | |
| # and % of Area Programs Not Meeting Criterion | Not Meeting Criterion Reflected by 'None' or 'N' | 0 | 1 | | | 5 | 9 | | | 0 | 1 | | |
| | | 0 % | 3 % | | | 15 % | 26 % | | | 0 % | 3 % | | |
| Alamance-Caswell | MAJORS | 10/18 | 1/17 | | | Y | Y | | | Y | Y | | |
| Albemarle | Multi-Purpose GH | 10/18 | 1/20 | | | Y | Y | | | Y | Y | | |
| Blue Ridge | Juvenile Detention | 10/14 | 1/17 | | | Y | Y | | | Y | Y | | |
| | Youth Develop. Ctr. | 10/14 | 1/17 | | | Y | Y | | | Y | Y | | |
| | BRIDGE Program | 10/14 | 1/17 | | | Y | Y | | | Y | Y | | |
| CenterPoint | Juvenile Detention | 10/21 | 1/30 | | | Y | N | | | Y | Y | | |
| | MAJORS | 10/21 | 1/30 | | | Y | N | | | Y | Y | | |
| Cumberland | Juvenile Detention | 10/17 | 1/14 | | | Y | Y | | | Y | Y | | |
| | MAJORS | 10/17 | 1/14 | | | Y | Y | | | Y | Y | | |
| Durham | Juvenile Detention | 10/29 | 1/27 | | | N | N | | | Y | Y | | |
| | MAJORS | 10/7 | 1/7 | | | Y | Y | | | Y | Y | | |
| Foothills | Juvenile Detention | | NA | | | | NA | | | | NA | | |
| Guilford | Juvenile Detention | 10/18 | 1/20 | | | Y | Y | | | Y | Y | | |
| | MAJORS | 10/19 | 1/22 | | | Y | N | | | Y | Y | | |
| Lenoir | Youth Develop. Ctr. | 10/16 | 1/20 | | | Y | Y | | | Y | Y | | |
| Mecklenburg | Juvenile Detention | 10/18 | 1/20 | | | Y | Y | | | Y | Y | | |
| Neuse | Multi-Purpose GH | 10/23 | 1/16 | | | Y | Y | | | Y | Y | | |
| | MAJORS | 10/23 | 1/16 | | | Y | Y | | | Y | Y | | |
| Pathways | Juvenile Detention | 10/21 | 1/15 | | | Y | Y | | | Y | Y | | |
| Piedmont | Youth Develop. Ctr. | 10/18 | 1/20 | | | Y | Y | | | Y | Y | | |
| | MAJORS | 10/18 | 1/20 | | | Y | Y | | | Y | Y | | |
| Pitt | Juvenile Detention | 10/15 | 1/20 | | | Y | Y | | | Y | Y | | |
| | MAJORS | 10/18 | 1/20 | | | Y | Y | | | Y | Y | | |
| Roanoke-Chowan | Multi-Purpose GH | 10/18 | 1/27 | | | Y | N | | | Y | Y | | |
| Rockingham | MAJORS | 10/23 | 1/22 | | | N | N | | | Y | Y | | |
| Sandhills | Juvenile Detention | 10/23 | 1/3 | | | N | Y | | | Y | Y | | |
| | Youth Develop. Ctr. | 10/23 | 1/3 | | | N | Y | | | Y | Y | | |
| | MAJORS | 10/23 | 1/3 | | | N | Y | | | Y | Y | | |
| Smoky Mountain | Multi-Purpose GH | NA | NA | | | NA | NA | | | NA | NA | | |
| SE Center | Juvenile Detention | 10/16 | 1/14 | | | Y | Y | | | Y | Y | | |
| SE Regional | Multi-Purpose GH | 10/11 | 1/13 | | | Y | Y | | | Y | Y | | |
| Tideland | MAJORS | 10/18 | 1/29 | | | Y | N | | | Y | Y | | |
| V-G-F-W | Youth Develop. Ctr. | 10/16 | 1/27 | | | Y | N | | | Y | Y | | |
| Wake | Juvenile Detention | 10/18 | 1/20 | | | Y | Y | | | Y | Y | | |
| | MAJORS | 10/18 | 1/20 | | | Y | Y | | | Y | Y | | |
| Wayne | Multi-Purpose GH | 10/15 | None | | | Y | N | | | Y | N | | |

*Report revisions are designated in bold and based on data received after the last Performance Agreement Quarterly Report.

I. Performance Agreement Requirement under Fiscal Management 2

The Substance Abuse/Juvenile Justice Initiative Quarterly Report is to be completed by designated area programs and contract agencies and submitted to the Substance Abuse Services Section to the attention of Terrie Qadura, SA/JJ Initiative Quarterly Report Coordinator, at 3007 Mail Service Center, Raleigh, NC 27699-3007 or to Suite 1168, Albemarle Building, 325 N. Salisbury Street, Raleigh, NC. Questions about Report completion may be directed to Terrie Qadura or Spencer Clark at (919) 733-0696.

II. Description of SAS Review Summary of Area Program Compliance with Division SFY 02-03 Performance Agreement: Substance Abuse/Juvenile Justice Initiative Quarterly Report

The SAS Review Summary for the Substance Abuse/Juvenile Justice Initiative Quarterly Report has been developed to provide information about area program and contract agency compliance with designated criteria that have been selected for these programs for SFY 02-03. Evaluation of compliance on individual criterion has been determined through comparison of the program's documentation on the Quarterly Reports for the report period for each of the following:

Criterion 1: Receipt of Report from Area Program

Receipt of Report from Area Program will be determined on the basis of whether a report has been received by the SAS Section State Office prior to the date of the SAS Review Summary completion and submission to the Division's Program Evaluation Branch.

Criterion 2: Timeliness of Receipt of Report

The applicable dates for the Substance Abuse/Juvenile Justice Initiative Quarterly Report of Area Program Compliance with Division SFY 2001-2002 Performance for the period of July 1, 2001 through June 30, 2002 are as follows:

| | | |
|--|--|----------------------------------|
| Report Quarter: <u>1st</u> | Report Period: <u>07/01/02 – 9/30/02</u> | Due Date: <u>10/20/02</u> |
| Report Quarter: <u>2nd</u> | Report Period: <u>10/01/02 – 12/31/02</u> | Due Date: <u>01/20/03</u> |
| Report Quarter: <u>3rd</u> | Report Period: <u>01/01/03 – 03/31/03</u> | Due Date: <u>04/20/03</u> |
| Report Quarter: <u>4th</u> | Report Period: <u>04/01/03 – 06/30/03</u> | Due Date: <u>07/20/03</u> |

Timeliness of report receipt will be determined on the basis of whether submission to Terrie Qadura in the SAS State Office has been as follows:

- Receipt by US Mail, commercial carrier, or courier not later than by 5:00 pm on the due date; or
- Receipt by E-Mail to **Terrie.Qadura@ncmail.net** not later than by 5:00 pm on the due date; or
- Receipt by fax to **Terrie.Qadura** at (919) 733-9455 not later than by 5:00 on the due date, with verbal confirmation by the program with **Terrie.Qadura** at (919) 733-0696 of actual report receipt.

Note: If an area program report Due Date falls on a Saturday, Sunday, or Holiday, the report will be considered timely by the Substance Abuse Services Section if received by 5:00 pm on the immediately following business day.

Criterion 3: Completeness of Report

Completeness of report submission will be determined on the basis of submission to the SAS State Office with full data for all applicable report sections.

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Fiscal Management 2

Performance Requirement: Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: TANF/Work First Initiative Quarterly Reports

| | Criterion 1: | Criterion 2: | Criterion 3: | Action: |
|--|--|--|---|---|
| Area Program/County | % Compliance with Receipt of Report(s) with Data for Each County of Area Program | % Compliance with Timeliness of Receipt of Report(s) | % Compliance with Completeness of Report(s) | Corrective Action Required of Area Program 30 Days From Receipt of Report |
| # of Area Programs Fully Meeting Each Criterion (100% Score) | 14 or 88% | 14 or 88% | 12 or 75% | |
| # of Area Programs Not Fully Meeting Each Criterion (< 100% Score) | 2 or 12% | 2 or 12% | 4 or 25% | |
| Blue Ridge | 100% | 100% | 100% | |
| Catawba | 100% | 100% | 100% | |
| CenterPoint | 100% | 100% | 66% | |
| Cumberland | 100% | 100% | 100% | |
| Davidson | 100% | 100% | 100% | |
| Durham | 0% | 0% | 0% | Required for Criterion 1 |
| Edgecombe-Nash | 50% | 50% | 50% | Required for Criterion 1 |
| Johnston | 100% | 100% | 100% | |
| Mecklenburg | 100% | 100% | 100% | |
| Pathways | 100% | 100% | 66% | |
| Pitt | 100% | 100% | 100% | |
| Roanoke-Chowan | 100% | 100% | 100% | |
| Southeastern Area | 100% | 100% | 100% | |
| Southeastern Regional | 100% | 100% | 100% | |
| Wake | 100% | 100% | 100% | |
| Wayne | 100% | 100% | 100% | |
| | | | | |

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Fiscal Management 2

Performance Agreement Requirement under Fiscal Management 2

The Work First/Substance Abuse Quarterly Report is to be completed by the area program Qualified Substance Abuse Professional (QSAP) or designee for each county served by an area program participating in the Work First Substance Abuse Initiative according to written instructions provided with the report form. Quarterly Reports are to be submitted to the SAS Section to the attention of Kathy J. McNeill, Social Research Associate, at 3007 Mail Service Center, Raleigh, NC 27699-3007 or to Suite 1168, Albemarle Building, 325 N. Salisbury Street, Raleigh, NC, 27603 (for Federal Express/overnight purposes only). Questions may be directed to Kathy McNeill or Helen Wolstenholme at (919) 733-4671.

SFY 01-02 Report Due Dates for Work First/Substance Abuse Quarterly Reports

| | |
|---|----------------------------|
| Quarter 1: Report Period: July 1, 2002 - September 30, 2002 | Due Date: October 20, 2002 |
| Quarter 2: Report Period: October 1, 2002 - December 31, 2002 | Due Date: January 20, 2003 |
| Quarter 3: Report Period: January 1, 2003 - March 31, 2003 | Due Date: April 20, 2003 |
| Quarter 4: Report Period: April 1, 2003 - June 30, 2003 | Due Date: July 20, 2003 |

Performance Agreement: Work First/Substance Abuse Quarterly Report

The SAS Review Summary of Area Program Compliance for the Work First/Substance Abuse Quarterly Report has been developed to provide feedback to area programs about their compliance with the Work First/Substance Abuse Initiative. Evaluation of compliance on individual criteria has been determined through comparison of the area program's documentation on the Quarterly Report(s) for the report period with each of these criteria.

Criterion 1: Receipt of Report by State Office

Receipt of Report(s) with Data for Each County of Area Program will be determined on the basis of whether a report for each county has been submitted to the SAS Section State Office by the SAS Report Date. **Fully Meeting** criterion is reflected in a score of 100%. **Not Fully Meeting** criterion is reflected in a score of less than 100%.

Receipt of Report(s) with Data for Each County of Area Program will be determined on the basis of whether a report for each county has been submitted to the SAS Section State Office by the SAS Report Date. Fully meeting criterion is reflected in a score

Timeliness of report receipt will be determined on the basis of whether submission to Kathy McNeill in the SAS State Office has been as follows:

- ◆ Receipt by US Mail, commercial carrier, or courier not later than by 5:00 PM on due date
- ◆ Receipt by e-mail to Kathy.McNeill@ncmail.net not later than by 5:00 PM on due date; or
- ◆ Receipt by fax to [Kathy McNeill at \(919\) 733-9455](tel:(919)733-9455) by 5:00 PM on due date, with verbal confirmation by the program with Kathy McNeill at (919) 733-4671 of actual report receipt

Fully Meeting criterion is reflected in a score of 100%. **Not Fully Meeting** criteria is reflected in a score of less than 100%.

*****Note:** If an area program report Due Date falls on a Saturday, Sunday, or holiday, the report will be considered timely by the Substance Abuse Services Section if received by 5:00 PM on the immediate following business day.

Criterion 3: Completeness of Report Submission

Completeness of report submission will be determined on the basis of submission to the SAS State Office as follows:

- ◆ Provision of information is identifiable for full area program or by county served -- reports will be identifiable by individual County-Based Service Unit; and
- ◆ Provision of information is identifiable by calendar month; and
- ◆ Provision of full data and complete service activity is included. **Fully Meeting** criterion is reflected in a score of 100%.

Any area program not meeting Criterion 1 through lack of submission of the required Quarterly Report(s) will be required as a Corrective Action to submit the required 1st Quarter Report for all counties to the Substance Abuse Services Section by April 29, 2003. Corrective Action(s) are to be directed to the attention of Kathy J. McNeill, Social Research Associate, at 3007 Mail Service Center, Raleigh, NC 27699-3007 or to Suite 1168, Albemarle Building, 325 N. Salisbury Street, Raleigh, NC, 27603 (for Federal Express/overnight purposes only). Any questions about Corrective Action(s) required may be directed to Helen Wolstenholme at (919) 733-4671.

Note Regarding Circumstances for Approval of Report Due Date Extension

It is the expectation in the Division Performance Agreement that area programs will routinely submit timely and complete reports to the Substance Abuse Services Section that provide evidence of compliance with program requirements. In the event of unforeseen difficulties in meeting timely completion and/or submission of reports due to extraordinary circumstances such as a declared emergency or natural disaster, programs may be considered for an extension through receipt of a written request by Helen Wolstenholme no later than 7 days prior to the original report due date with explanation of circumstances. Written approval of a due date extension may be granted by Helen Wolstenholme after consultation with State office staff.

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Fiscal Management 2

Performance Requirement: Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: Volume of service reports for regular UCR

The Division Budget Office is currently working with the DHHS Controller's Office to work out reporting protocols appropriate to the cumulative nature of Area Program Volume of Service Reports

FM2-VOS RegularUCR,Q2

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Fiscal Management 2

Performance Requirement: Submit all reports required by law, regulations or the DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: Volume of service reports for Comprehensive Treatment Services Program UCR

All volume of service submissions for the Comprehensive Treatment Service Program UCR System for units of service earned during the previous month should be entered electronically into the WMIS system by the cut-off date (the Friday following the first Tuesday of the month) for payment to be received that month. If programs earned all of their budgets and earnings were distributed evenly across the fiscal year, the percent of the budget earned to date would be approximately 50 percent.

For FY 2002-2003 through 1/31/2002

| Area Program/County | Percent of UCR Budget Earned |
|---------------------------------|------------------------------|
| Statewide | 39% |
| Alamance-Caswell | 50% |
| Albemarle | 52% |
| Blue Ridge | 60% |
| Catawba | 24% |
| CenterPoint | 56% |
| Crossroads | 27% |
| Cumberland | 29% |
| Davidson | 21% |
| Duplin-Sampson-Lenoir | 48% |
| Durham | 28% |
| Edgecombe-Nash | 67% |
| Foothills | 17% |
| Guilford | 36% |
| Johnston | 17% |
| Lee-Harnett | 57% |
| Mecklenburg | 25% |
| Neuse | 69% |
| New River | 19% |
| Onslow | 24% |
| Orange-Person-Chatham | 33% |
| Pathways | 44% |
| Piedmont | 66% |
| Pitt | 38% |
| Randolph | 41% |
| RiverStone | 74% |
| Roanoke-Chowan | 41% |
| Rockingham | 17% |
| Rutherford-Polk | 29% |
| Sandhills | 70% |
| Smoky Mountain | 19% |
| Southeastern Center | 34% |
| Southeastern Regional | 33% |
| Tideland | 45% |
| Trend | 23% |
| Vance-Granville-Franklin-Warren | 26% |
| Wake | 30% |
| Wayne | 36% |
| Wilson-Greene | 58% |

Shaded Area Programs are using IPRS

FM2- VOS CTSP UCR, Q2

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Fiscal Management 2

Performance Requirement: Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: Volume of service reports for UCR MR/MI

Explanation: There is one part of the fiscal reporting measure for MR/MI Services: UCR receipts which is the amount of distinct months that the area program reported between July 2002 and June 2003. NOTE: MR/MI revenue adjustment is not factored into the Fiscal Compliance monitoring equation due to Controller's Office cost modeling that established net rates and does not require RA for services provided in SFY 03.

| Area Program/County | Revenue Adjustment Months | UCR Bill Months | Total UCR Compliance | % Compliance |
|-----------------------|---------------------------|-----------------|----------------------|---------------|
| Alamance-Caswell | NA | 6 | 6 | 100.00% |
| Albemarle | NA | 6 | 6 | 100.00% |
| Blue Ridge | NA | 6 | 6 | 100.00% |
| Catawba | NA | 6 | 6 | 100.00% |
| CenterPoint | NA | 6 | 6 | 100.00% |
| Crossroads | NA | 6 | 6 | 100.00% |
| Cumberland | NA | 6 | 6 | 100.00% |
| Davidson | NA | 6 | 6 | 100.00% |
| Duplin-Sampson-Lenoir | NA | 6 | 6 | 100.00% |
| Durham | NA | 6 | 6 | 100.00% |
| Edgecombe-Nash | NA | 5 | 5 | 83.33% |
| Foothills | NA | 2 | 2 | 33.33% |
| Guilford | NA | 6 | 6 | 100.00% |
| Johnston | NA | 5 | 5 | 83.33% |
| Lee-Harnett | NA | 4 | 4 | 66.67% |
| Mecklenburg | NA | 4 | 4 | 66.67% |
| Neuse | NA | 6 | 6 | 100.00% |
| New River | NA | 6 | 6 | 100.00% |
| Onslow | NA | 6 | 6 | 100.00% |
| O-P-C | NA | 4 | 4 | 66.67% |
| Pathways | NA | 6 | 6 | 100.00% |
| Piedmont | NA | 6 | 6 | 100.00% |
| Pitt | NA | 6 | 6 | 100.00% |
| Randolph | NA | 6 | 6 | 100.00% |
| RiverStone | NA | 6 | 6 | 100.00% |
| Roanoke-Chowan | NA | 5 | 5 | 83.33% |
| Rockingham | NA | 6 | 6 | 100.00% |
| Rutherford-Polk | NA | 5 | 5 | 83.33% |
| Sandhills | NA | 4 | 4 | 66.67% |
| Smoky Mountain | NA | 6 | 6 | 100.00% |
| SE Center | NA | 6 | 6 | 100.00% |
| SE Regional | NA | 4 | 4 | 66.67% |
| Tideland | NA | 4 | 4 | 66.67% |
| Trend | NA | 5 | 5 | 83.33% |
| Tri-Alliance | NA | 6 | 6 | 100.00% |
| V-G-F-W | NA | 6 | 6 | 100.00% |
| Wake | NA | 4 | 4 | 66.67% |
| Wayne | NA | 6 | 6 | 100.00% |
| Wilson-Greene | NA | 6 | 6 | 100.00% |
| Totals | NA | 211 | 211 | |
| | | | | |
| State Average | NA | 5.05 | 5.05 | 90.17% |

FM2-MR-MI UCR, Q2

2002-2003 Performance Agreement
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Accountability 1

Performance Requirement: Implement reasonable or agreed upon corrective actions and management improvements as required by the Secretary, the Division, or as committed to by the Area Program/County from audits, program reviews or quality improvement processes

| Area Program/County | Number of Corrective Actions pending end of 2nd quarter SFY 02-03 * | Number of Corrective Actions pending end of 1st quarter SFY 02-03 ** | Number of Corrective Actions pending end of 4th quarter SFY 01-02 |
|-----------------------|---|--|---|
| Alamance-Caswell | 5 | 4 | 3 |
| Albemarle | 2 | 2 | 1 |
| Blue Ridge | 4 | 4 | 3 |
| Catawba | 0 | 0 | 0 |
| CenterPoint | 6 | 5 | 4 |
| Crossroads | 4 | 2 | 4 |
| Cumberland | 0 | 0 | 1 |
| Davidson | 5 | 4 | 3 |
| Duplin-Sampson-Lenoir | 5 | 3 (1 D-S; 2 Lenoir) | 2 (1 D-S; 1 Lenoir) |
| Durham | 2 | 2 | 3 |
| Edgecombe-Nash | 1 | 1 | 1 |
| Foothills | 16 | 14 | 11 |
| Guilford | 7 | 5 | 6 |
| Johnston | 0 | 1 | 0 |
| Lee-Harnett | 6 | 3 | 3 |
| Mecklenburg | 12 | 8 | 7 |
| Neuse | 4 | 3 | 3 |
| New River | 9 | 9 | 8 |
| Onslow | 8 | 8 | 12 |
| Orange-Person-Chatham | 5 | 3 | 3 |
| Pathways | 1 | 0 | 3 |
| Piedmont | 7 | 5 | 5 |
| Pitt | 5 | 4 | 3 |
| Randolph | 3 | 1 ** | 2 |
| RiverStone | 5 | 4 | 6 |
| Roanoke-Chowan | 0 | 0 | 0 |
| Rockingham | 6 | 7 | 5 |
| Rutherford-Polk | 16 | 16 | 13 |
| Sandhills | 2 | 2 | 1 |
| Smoky Mountain | 3 | 2 | 5 |
| Southeastern Center | 3 | 4 ** | 3 |
| Southeastern Regional | 12 | 10 ** | 6 |
| Tideland | 8 | 6 | 5 |
| Trend | 1 | 0 | 0 |
| V-G-F-W | 4 | 2 | 5 |
| Wake | 6 | 6 | 5 |
| Wayne | 12 | 9 | 7 |
| Wilson-Greene | 0 | 0 | 0 |
| Statewide Average | 5.13 | 4.08 ** | 3.89 |

* Particulars are provided, by Area Program/County, on the following pages

** Corrected from 2002-2003 1st Quarter Report

Accountability1- Summary, Q2

Accountability 1 Albemarle

Corrective Actions as of the End of the Second Quarter 2002-2003

| Source/ Origination Date | Description of Required Corrective Action | Section/ Branch Requiring Corrective Action | Due Date for Corrective Action Plan/ Corrective Action | Approval Date of Corrective Action Plan/ Corrective Action | Date of Section/ Branch Follow-up to Verify Implementation | Date of Issues Being Fully Resolved | Comments |
|--|--|---|--|--|---|---|---|
| 01-02 Performance Agreement 4th Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002. | Data Operations Branch | 08/15/2002 | | | | |
| 02-03 Performance Agreement 1st Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002. | Data Operations Branch | No Corrective Action Required. Item listed by mistake | | | | 97 % of the expected number of initial COI's were submitted for the time 04/01/02 - 06/30/02. This item should not have been listed. Albemarle exceeded the 90% requirement. |
| 02-03 Performance Agreement 2nd Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2003. | Data Operations Branch | 02/20/2003 | | | | 82% of the expected number of initial COI's were submitted for the time 07/01/02 - 09/30/02 |

Accountability 1 Blue Ridge

Corrective Actions as of the End of the Second Quarter 2002-2003

| Source/ Origination Date | Description of Required Corrective Action | Section/ Branch Requiring Corrective Action | Due Date for Corrective Action Plan/ Corrective Action | Approval Date of Corrective Action Plan/ Corrective Action | Date of Section/ Branch Follow-up to Verify Implementation | Date of Issues Being Fully Resolved | Comments |
|--|--|---|--|--|---|---|--|
| 01-02 Performance Agreement 2nd Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002. | Data Operations Branch | 03/10/2002 | 03/27/2002 | 04/12/2002 | | 59.4 % of the expected number of initial COI's were submitted as of 12/10/2001. Percentage of COI's submitted is now at 75%. COI Policy is under review by Division Staff. |
| 01-02 Performance Agreement 3rd Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002. | Data Operations Branch | 05/15/2002 | | 05/22/2002 | | 74 % of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01 |
| 01-02 Performance Agreement 4th Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002. | Data Operations Branch | 08/15/2002 | | | | 73 % of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02 |
| 02-03 Performance Agreement 1st Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002. | Data Operations Branch | 11/15/2002 | | | 12/15/2002 | 91 % of the expected number of initial COI's were submitted for the time 04/01/02 - 06/30/02 |

**Accountability 1
Blue Ridge**

Corrective Actions as of the End of the Second Quarter 2002-2003

| Source/ Origination Date | Description of Required Corrective Action | Section/ Branch Requiring Corrective Action | Due Date for Corrective Action Plan/ Corrective Action | Approval Date of Corrective Action Plan/ Corrective Action | Date of Section/ Branch Follow-up to Verify Implementation | Date of Issues Being Fully Resolved | Comments |
|--|--|---|--|--|---|---|---|
| 02-03 Performance Agreement 2nd Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2003. | Data Operations Branch | 02/20/2003 | | | | 84% of the expected number of initial COI's were submitted for the time 07/01/02 - 09/30/02 |

Accountability 1

Catawba

Corrective Actions as of the End of the Second Quarter 2002-2003

[illegible]

Accountability 1 CenterPoint

Corrective Actions as of the End of the Second Quarter 2002-2003

| Source/ Origination Date | Description of Required Corrective Action | Section/ Branch Requiring Corrective Action | Due Date for Corrective Action Plan/ Corrective Action | Approval Date of Corrective Action Plan/ Corrective Action | Date of Section/ Branch Follow-up to Verify Implementation | Date of Issues Being Fully Resolved | Comments |
|---|---|---|--|--|--|-------------------------------------|--|
| 01-02 Performance Agreement 2nd Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002. | Data Operations Branch | 03/10/2002 for Qtr. 2 | 03/27/2002 | 04/12/2002 | | 65.6 % of the expected number of initial COI's were submitted as of 12/10/01. Pctage of COI's submitted is now at 82.2%. COI Policy is under review by Div. Staff. |
| 01-02 Performance Agreement 2nd Quarter | Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002. | Data Operations Branch | 03/10/2002 for Qtr. 2 | 03/27/2002 | 04/12/2002 | | 47.2 % of the expected number of the Consumer Satisfaction Surveys were received by 11/16/01 |
| 01-02 Performance Agreement 3rd Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002. | Data Operations Branch | 05/15/2002 | | 05/22/2002 | | 62 % of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01 |
| 01-02 Performance Agreement 4th Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002. | Data Operations Branch | 08/15/2002 | | | | 65 % of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02 |

**Accountability 1
CenterPoint**

Corrective Actions as of the End of the Second Quarter 2002-2003

| Source/ Origination Date | Description of Required Corrective Action | Section/ Branch Requiring Corrective Action | Due Date for Corrective Action Plan/ Corrective Action | Approval Date of Corrective Action Plan/ Corrective Action | Date of Section/ Branch Follow-up to Verify Implementation | Date of Issues Being Fully Resolved | Comments |
|---|--|---|--|--|--|-------------------------------------|---|
| 02-03 Performance Agreement 1st Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002. | Data Operations Branch | 11/15/2002 | | | | 77% of the expected number of initial COI's were submitted for the time 04/01/02 - 06/30/02 |
| 02-03 Performance Agreement 2nd Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2003. | Data Operations Branch | 02/20/2003 | | | | 70% of the expected number of initial COI's were submitted for the time 07/01/02 - 09/30/02 |

Accountability 1 Crossroads

Corrective Actions as of the End of the Second Quarter 2002-2003

| Source/ Origination Date | Description of Required Corrective Action | Section/ Branch Requiring Corrective Action | Due Date for Corrective Action Plan/ Corrective Action | Approval Date of Corrective Action Plan/ Corrective Action | Date of Section/ Branch Follow-up to Verify Implementation | Date of Issues Being Fully Resolved | Comments |
|---|--|---|--|--|--|-------------------------------------|--|
| 01-02 Performance Agreement 2nd Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002. | Data Operations Branch | 03/10/2002 for Qtr. 2 | 03/27/2002 | 04/12/2002 | | 65.7 % of the expected number of initial COI's were submitted as of 12/10/01. Pctage of COI's submitted is now at 65.0%. COI Policy is under review by Div. Staff. |
| 02-03 Performance Agreement 1st Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002. | Data Operations Branch | 11/15/2002 | 12/13/2002 | | 12/15/2002 | 97% of the expected number of initial COI's were submitted for the time 04/01/02 - 06/30/02 |
| 02-03 Performance Agreement 2nd Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2003. | Data Operations Branch | 02/20/2003 | | | | 74% of the expected number of initial COI's were submitted for the time 07/01/02 - 09/30/02 |
| 02-03 Performance Agreement 2nd Quarter | Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2003. | Data Operations Branch | 02/20/2003 | | | | Missing Diagnoses Exceeds 10% (Principal, Primary). |

Accountability 1 Crossroads

Corrective Actions as of the End of the Second Quarter 2002-2003

| Source/ Origination Date | Description of Required Corrective Action | Section/ Branch Requiring Corrective Action | Due Date for Corrective Action Plan/ Corrective Action | Approval Date of Corrective Action Plan/ Corrective Action | Date of Section/ Branch Follow-up to Verify Implementation | Date of Issues Being Fully Resolved | Comments |
|---|---|---|--|--|--|-------------------------------------|--|
| 02-03 Performance Agreement 2nd Quarter | Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20,2003 | Data Operations Branch | 02/20/2003 | | | | Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methadone, UFDS Code). |

Accountability 1 Cumberland

Corrective Actions as of the End of the Second Quarter 2002-2003

[illegible]

**Accountability 1
Davidson**

Corrective Actions as of the End of the Second Quarter 2002-2003

| Source/ Origination Date | Description of Required Corrective Action | Section/ Branch Requiring Corrective Action | Due Date for Corrective Action Plan/ Corrective Action | Approval Date of Corrective Action Plan/ Corrective Action | Date of Section/ Branch Follow- up to Verify Implementation | Date of Issues Being Fully Resolved | Comments |
|--|--|--|--|--|--|--|--|
| 01-02 Performance Agreement 2nd Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002. | Data Operations Branch | 03/10/2002 for Qtr. 2 | 03/27/2002 | 04/12/2002 | | 32.8 % of the expected number of initial COI's were submitted as of 12/10/2001. Percentage of COI's submitted is now at 32.2%. COI Policy is under review by Division Staff. |
| 01-02 Performance Agreement 3rd Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002. | Data Operations Branch | 05/15/2002 | | 05/22/2002 | | 37% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01 |
| 01-02 Performance Agreement 4th Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002. | Data Operations Branch | 08/15/2002 | | | | 49% of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02 |
| 02-03 Performance Agreement 1st Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002. | Data Operations Branch | 11/15/2002 | 12/15/2002 | | | 78% of the expected number of initial COI's were submitted for the time 04/01/02 - 06/30/02. TO BE DETERMINED BY DIVISION STAFF |
| 02-03 Performance Agreement 2nd Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2003. | Data Operations Branch | 02/20/2003 | | | | 79% of the expected number of initial COI's were submitted for the time 07/01/02 - 09/30/02 |

**Accountability 1
Duplin-Sampson-Lenoir**

Corrective Actions as of the End of the Second Quarter 2002-2003

| Source/ Origination Date | Description of Required Corrective Action | Section/ Branch Requiring Corrective Action | Due Date for Corrective Action Plan/ Corrective Action | Approval Date of Corrective Action Plan/ Corrective Action | Date of Section/ Branch Follow-up to Verify Implementation | Date of Issues Being Fully Resolved | Comments |
|--|--|---|--|--|--|-------------------------------------|---|
| 01-02 Performance Agreement 4th Quarter (Duplin-Sampson) | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002. | Data Operations Branch | 08/15/2002 | | | | 64% of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02 |
| 02-03 Performance Agreement 2nd Quarter (Duplin-Sampson) | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2003. | Data Operations Branch | 02/20/2003 | | | | 89% of the expected number of initial COI's were submitted for the time 07/01/02 - 09/30/02 |
| 01-02 Performance Agreement 4th Quarter (Lenoir) | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002. | Data Operations Branch | 08/15/2002 | | | | 79% of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02 |
| 02-03 Performance Agreement 1st Quarter (Lenoir) | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002. | Data Operations Branch | 11/15/2002 | | | | 86% of the expected number of initial COI's were submitted for the time 04/01/02 - 06/30/02 |
| 02-03 Performance Agreement 2nd Quarter (Lenoir) | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2003. | Data Operations Branch | 02/20/2003 | | | | 82% of the expected number of initial COI's were submitted for the time 07/01/02 - 09/30/02 |

Accountability 1 Durham

Corrective Actions as of the End of the Second Quarter 2002-2003

| Source/ Origination Date | Description of Required Corrective Action | Section/ Branch Requiring Corrective Action | Due Date for Corrective Action Plan/ Corrective Action | Approval Date of Corrective Action Plan/ Corrective Action | Date of Section/ Branch Follow- up to Verify Implementation | Date of Issues Being Fully Resolved | Comments |
|--|--|---|--|--|--|--|--|
| 01-02 Performance Agreement 2nd Quarter | Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002. | Data Operations Branch | 03/10/2002 for Qtr. 2 | 03/27/2002 | 04/12/2002 | | Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methadone, UFDS). Note have improved from 87% drug of choice missing, 100% missing other fields to only 15% missing for these four fields. |
| 02-03 Performance Agreement 1st Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002. | Data Operations Branch | 11/15/2002 | 12/15/2002 | | 12/15/2002 | 100% of the expected number of initial COI's were submitted for the time 04/01/02 - 06/30/02 |
| 02-03 Performance Agreement 2nd Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2003. | Data Operations Branch | 02/20/2003 | | | | 42% of the expected number of initial COI's were submitted for the time 07/01/02 - 09/30/02 |

**Accountability 1
Edgecombe-Nash**

Corrective Actions as of the End of the Second Quarter 2002-2003

| Source/ Origination Date | Description of Required Corrective Action | Section/ Branch Requiring Corrective Action | Due Date for Corrective Action Plan/ Corrective Action | Approval Date of Corrective Action Plan/ Corrective Action | Date of Section/ Branch Follow- up to Verify Implementation | Date of Issues Being Fully Resolved | Comments |
|--|--|---|--|--|--|---|---|
| 02-03 Performance Agreement 1st Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002. | Data Operations Branch | 11/15/2002 | 12/15/2002 | | 12/15/2002 | 97% of the expected number of initial COI's were submitted for the time 04/01/02 - 06/30/02 |
| 02-03 Performance Agreement 2nd Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2003. | Data Operations Branch | 02/20/2003 | | | | 88% of the expected number of initial COI's were submitted for the time 07/01/02 - 09/30/02 |

Accountability 1 Foothills

Corrective Actions as of the End of the Second Quarter 2002-2003

| Source/ Origination Date | Description of Required Corrective Action | Section/ Branch Requiring Corrective Action | Due Date for Corrective Action Plan/ Corrective Action | Approval Date of Corrective Action Plan/ Corrective Action | Date of Section/ Branch Follow-up to Verify Implementation | Date of Issues Being Fully Resolved | Comments |
|--|--|--|--|--|---|--|--|
| 01-02 Performance Agreement 2nd Quarter | Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002. | Data Operations Branch | 03/10/2002 for Qtr. 2 | 03/27/2002 | 04/12/2002 | | Missing Substance Abuse Data Exceeds 10% (Drug of Choice , Methadone). |
| 01-02 Performance Agreement 2nd Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002. | Data Operations Branch | 03/10/2002 for Qtr. 2 | 03/27/2002 | 04/12/2002 | | 63.1 % of the expected number of initial COI's were submitted as of 12/10/2001. Percentage of COI's submitted is now at 68.1%. COI Policy is under review by Division Staff. |
| 01-02 Performance Agreement 3rd Quarter | Accountability3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002. | Data Operations Branch | 05/15/2002 | | | | Missing Required Data Fields Exceeds 10% (Ability To Pay). |
| 01-02 Performance Agreement 2nd Quarter | Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002. | Data Operations Branch | 03/10/2002 for Qtr. 2 | 03/27/2002 | 04/12/2002 | | 67.5 % of the expected number of the Consumer Satisfaction Surveys were received by 11/16/01 |
| 01-02 Performance Agreement 3rd Quarter | Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002. | Data Operations Branch | 05/15/2002 | | | | Missing Substance Abuse Data Exceeds 10% (Drug of Choice , Methadone). |

Accountability 1 Foothills

Corrective Actions as of the End of the Second Quarter 2002-2003

| Source/ Origination Date | Description of Required Corrective Action | Section/ Branch Requiring Corrective Action | Due Date for Corrective Action Plan/ Corrective Action | Approval Date of Corrective Action Plan/ Corrective Action | Date of Section/ Branch Follow-up to Verify Implementation | Date of Issues Being Fully Resolved | Comments |
|---|---|--|--|--|---|--|---|
| 01-02 Performance Agreement 3rd Quarter | Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002. | Data Operations Branch | 05/15/2002 | | | | Missing Diagnoses Exceeds 10% (Principal). |
| 01-02 Performance Agreement 3rd Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002. | Data Operations Branch | 05/15/2002 | | 05/22/2002 | | 51% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01 |
| 01-02 Performance Agreement 4th Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002. | Data Operations Branch | 08/15/2002 | | | | 72% of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02 |
| 01-02 Performance Agreement 4th. Quarter | Accountability 3: No data submitted to the Client Data Warehouse Quarter 4 (April, May, June). Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002. | Data Operations Branch | 8/15/2002 | | | | No data submission to the CDW for Quarter 4 (April, May, June) FY 2002. |
| 01-02 Performance Agreement 4th Quarter | Accountability3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002. | Data Operations Branch | 08/15/2002 | | | | Missing Required Data Fields Exceeds 10% (Ability To Pay). |

Accountability 1 Foothills

Corrective Actions as of the End of the Second Quarter 2002-2003

| Source/ Origination Date | Description of Required Corrective Action | Section/ Branch Requiring Corrective Action | Due Date for Corrective Action Plan/ Corrective Action | Approval Date of Corrective Action Plan/ Corrective Action | Date of Section/ Branch Follow-up to Verify Implementation | Date of Issues Being Fully Resolved | Comments |
|--|---|--|--|--|---|--|---|
| 01-02 Performance Agreement 4th Quarter | Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002. | Data Operations Branch | 08/15/2002 | | | | Missing Substance Abuse Data Exceeds 10% (Drug of Choice Service Type, Methadone, UFDS Code). |
| 02-03 Performance Agreement 1st Quarter | Accountability 3: No data submitted to the Client Data Warehouse Quarter 1 (July, August, September). Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002. | Data Operations Branch | 11/15/2002 | | | | No data submission to the CDW for Quarter 1 (July, August, September) FY 2003. |
| 02-03 Performance Agreement 1st Quarter | Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002. | Data Operations Branch | 11/15/2002 | | | | Missing Substance Abuse Data Exceeds 10% (Drug of Choice Service Type, Methadone, UFDS Code). |
| 02-03 Performance Agreement 1st Quarter | Accountability3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002. | Data Operations Branch | 11/15/2002 | | | | Missing Required Data Fields Exceeds 10% (Ability To Pay). |

Accountability 1 Foothills

Corrective Actions as of the End of the Second Quarter 2002-2003

| Source/ Origination Date | Description of Required Corrective Action | Section/ Branch Requiring Corrective Action | Due Date for Corrective Action Plan/ Corrective Action | Approval Date of Corrective Action Plan/ Corrective Action | Date of Section/ Branch Follow-up to Verify Implementation | Date of Issues Being Fully Resolved | Comments |
|--|--|--|--|--|---|--|--|
| 02-03 Performance Agreement 2nd Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2003. | Data Operations Branch | 02/20/2003 | | | | 0% of the expected number of initial COI's were submitted for the time 07/01/02 - 09/30/02 |
| 02-03 Performance Agreement 2nd Quarter | Accountability 3: No data submitted to the Client Data Warehouse Quarter 2 (Oct., Nov. and Dec.). Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 30, 2003. | Data Operations Branch | 02/20/2003 | | | | No data submission to the CDW for Quarter 2 (Oct., Nov. and Dec.) FY 2003. |

Accountability 1 Guilford

Corrective Actions as of the End of the Second Quarter 2002-2003

| Source/ Origination Date | Description of Required Corrective Action | Section/ Branch Requiring Corrective Action | Due Date for Corrective Action Plan/ Corrective Action | Approval Date of Corrective Action Plan/ Corrective Action | Date of Section/ Branch Follow- up to Verify Implementation | Date of Issues Being Fully Resolved | Comments |
|--|--|---|--|--|--|---|--|
| 01-02 Performance Agreement 2nd Quarter | Accountability3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002. | Data Operations Branch | 03/10/2002 for Qtr. 2 | 03/27/2002 | 04/12/2002 | | Missing Required Data Fields Exceeds 10% (Ability To Pay). |
| 01-02 Performance Agreement 2nd Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002. | Data Operations Branch | 03/10/2002 for Qtr. 2 | 03/27/2002 | 04/12/2002 | | 21.6 % of the expected number of initial COI's were submitted as of 12/10/2001. Percentage of COI's submitted is now at 22.4%. COI Policy is under review by Division Staff. |
| 01-02 Performance Agreement 3rd Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002. | Data Operations Branch | 05/15/2002 | | 05/22/2002 | | 23% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01 |
| 01-02 Performance Agreement 4th Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002. | Data Operations Branch | 08/15/2002 | | | | 32% of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02 |

**Accountability 1
Guilford**

Corrective Actions as of the End of the Second Quarter 2002-2003

| Source/ Origination Date | Description of Required Corrective Action | Section/ Branch Requiring Corrective Action | Due Date for Corrective Action Plan/ Corrective Action | Approval Date of Corrective Action Plan/ Corrective Action | Date of Section/ Branch Follow- up to Verify Implementation | Date of Issues Being Fully Resolved | Comments |
|--|---|---|--|--|--|---|--|
| 02-03 Performance Agreement 1st Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002. | Data Operations Branch | 11/15/2002 | | | | 45% of the expected number of initial COI's were submitted for the time 04/01/02 - 06/30/02 |
| 02-03 Performance Agreement 2nd Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2003. | Data Operations Branch | 02/20/2003 | | | | 33% of the expected number of initial COI's were submitted for the time 07/01/02 - 09/30/02 |
| 02-03 Performance Agreement 2nd Quarter | Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. Corrective Action must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2003. | Data Operations Branch | 02/20/2003 | | | | 0.0% of the expected number of the Consumer Satisfaction Surveys were received by 11/15/2002 |

Accountability 1 Johnston

Corrective Actions as of the End of the Second Quarter 2002-2003

[illegible]

Accountability 1

Lenoir

Corrective Actions as of the End of the Second Quarter 2002-2003

[illegible]

**Accountability 1
Lee-Harnett**

Corrective Actions as of the End of the Second Quarter 2002-2003

| Source/ Origination Date | Description of Required Corrective Action | Section/ Branch Requiring Corrective Action | Due Date for Corrective Action Plan/ Corrective Action | Approval Date of Corrective Action Plan/ Corrective Action | Date of Section/ Branch Follow-up to Verify Implementation | Date of Issues Being Fully Resolved | Comments |
|--|---|---|--|--|---|---|---|
| 01-02 Performance Agreement 4th Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002. | Data Operations Branch | 08/15/2002 | | | | 84% of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02 |
| 01-02 Performance Agreement 4th Quarter | Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002. | Data Operations Branch | 08/15/2002 | | | | Missing Substance Abuse Data Exceeds 10% (Drug of Choice). |
| 01-02 Performance Agreement 4th Quarter | Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002. | Data Operations Branch | 08/15/2002 | | | | Missing Diagnoses Exceeds 10% (Principal, Primary). |
| 02-03 Performance Agreement 1st Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002. | Data Operations Branch | 11/15/2002 | 12/04/2002 | | 12/13/2002 | 95% of the expected number of initial COI's were submitted for the time 04/01/02 - 06/30/02 |

Accountability 1**Lee-Harnett****Corrective Actions as of the End of the Second Quarter 2002-2003**

| Source/ Origination Date | Description of Required Corrective Action | Section/ Branch Requiring Corrective Action | Due Date for Corrective Action Plan/ Corrective Action | Approval Date of Corrective Action Plan/ Corrective Action | Date of Section/ Branch Follow-up to Verify Implementation | Date of Issues Being Fully Resolved | Comments |
|--|--|--|---|---|---|--|--|
| 02-03 Performance Agreement 2nd Quarter | Accountability 3: No data submitted to the Client Data Warehouse Quarter 2 (Oct., Nov. and Dec.). Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 30, 2003. | Data Operations Branch | 02/20/2003 | | | | No data submission to the CDW for Quarter 2 (Nov.) FY 2003. |
| 02-03 Performance Agreement 2nd Quarter | Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2003. | Data Operations Branch | 02/20/2003 | | | | Missing Diagnoses Exceeds 10% (Principal, Primary). |
| 02-03 Performance Agreement 2nd Quarter | Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2003 | Data Operations Branch | 02/20/2003 | | | | Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methadone, UFDS Code). |

Accountability 1 Mecklenburg

Corrective Actions as of the End of the Second Quarter 2002-2003

| Source/ Origination Date | Description of Required Corrective Action | Section/ Branch Requiring Corrective Action | Due Date for Corrective Action Plan/ Corrective Action | Approval Date of Corrective Action Plan/ Corrective Action | Date of Section/ Branch Follow- up to Verify Implementation | Date of Issues Being Fully Resolved | Comments |
|--|---|--|--|--|--|--|---|
| 1st Quarter, 02-03 | Required Corrective Action for Criteria 1 is to submit the missing first quarter 02-03 CTSP Waitlist information for Mecklenburg County, within 30 days of receipt of this report. | Child and Family Services | 12/31/2002 | | | 12/16/2002 | Issue now fully resolved |
| 01-02 Performance Agreement 3rd Quarter | Accountability3: 03/02 data not submitted to the Client Data Warehouse Quarter 3 for Facility Code 13101. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002. | Data Operations Branch | 05/15/2002 | | | | No data submission for facility code 13101for Quarter 3 (March missing). |
| 01-02 Performance Agreement 3rd Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002. | Data Operations Branch | 05/15/2002 | | 05/22/2002 | | 1% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01 |
| 01-02 Performance Agreement 3rd Quarter | Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002. | Data Operations Branch | 05/15/2002 | | | | Missing Substance Abuse Data Exceeds 10% (Drug of Choice Service Type, Methadone, UFDS Code). |
| 01-02 Performance Agreement 4th Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002. | Data Operations Branch | 08/15/2002 | | | | 16% of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02 |

**Accountability 1
Mecklenburg**

Corrective Actions as of the End of the Second Quarter 2002-2003

| Source/ Origination Date | Description of Required Corrective Action | Section/ Branch Requiring Corrective Action | Due Date for Corrective Action Plan/ Corrective Action | Approval Date of Corrective Action Plan/ Corrective Action | Date of Section/ Branch Follow- up to Verify Implementation | Date of Issues Being Fully Resolved | Comments |
|--|---|--|--|--|--|--|---|
| 01-02 Performance Agreement 4th Quarter | Accountability3: No data submitted to the Client Data Warehouse Quarter 4 (May, June) for Facility Code 13101. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002. | Data Operations Branch | 08/15/2002 | | | | No data submission for facility code 13101 for Quarter 4 (May, June). |
| 02-03 Performance Agreement 1st Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002. | Data Operations Branch | 11/15/2002 | 12/15/2002 | | | 22% of the expected number of initial COI's were submitted for the time 04/01/02 - 06/30/02 |
| 02-03 Performance Agreement 1st Quarter | Accountability 3: No data submitted to the Client Data Warehouse Quarter 1 (July, August, September - Facility 13101). Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002. | Data Operations Branch | 11/15/2002 | 12/15/2002 | | 12/15/2002 | No data submission to the CDW for Quarter 1 - Facility 13101 (July, August, September) FY 2003. |
| 02-03 Performance Agreement 2nd Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2003. | Data Operations Branch | 02/20/2003 | | | | 25% of the expected number of initial COI's were submitted for the time 07/01/02 - 09/30/02 |

**Accountability 1
Mecklenburg**

Corrective Actions as of the End of the Second Quarter 2002-2003

| Source/ Origination Date | Description of Required Corrective Action | Section/ Branch Requiring Corrective Action | Due Date for Corrective Action Plan/ Corrective Action | Approval Date of Corrective Action Plan/ Corrective Action | Date of Section/ Branch Follow- up to Verify Implementation | Date of Issues Being Fully Resolved | Comments |
|--|---|--|--|--|--|--|---|
| 02-03 Performance Agreement 2nd Quarter | Accountability 3: No data submitted to the Client Data Warehouse Quarter 2 (Oct., Nov. and Dec.). Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 30, 2003. | Data Operations Branch | 02/20/2003 | | | | No data submission to the CDW for Quarter 2 (13102 for Dec.) FY 2003. |
| 02-03 Performance Agreement 2nd Quarter | Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2003. | Data Operations Branch | 02/20/2003 | | | | Missing Diagnoses Exceeds 10% (Principal, Primary). |
| 02-03 Performance Agreement 2nd Quarter | Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2003 | Data Operations Branch | 02/20/2003 | | | | Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methadone, UFDS Code). |
| 02-03 Performance Agreement 2nd Quarter | Accountability3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2003. | Data Operations Branch | 02/20/2003 | | | | Missing Required Data Fields Exceeds 10% (Education). |

Accountability 1 Neuse

Corrective Actions as of the End of the Second Quarter 2002-2003

| Source/ Origination Date | Description of Required Corrective Action | Section/ Branch Requiring Corrective Action | Due Date for Corrective Action Plan/ Corrective Action | Approval Date of Corrective Action Plan/ Corrective Action | Date of Section/ Branch Follow- up to Verify Implementation | Date of Issues Being Fully Resolved | Comments |
|--|--|---|--|--|--|--|---|
| 01-02 Performance Agreement 3rd Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002. | Data Operations Branch | 05/15/2002 | | 05/22/2002 | | 80% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01 |
| 01-02 Performance Agreement 4th Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002. | Data Operations Branch | 08/15/2002 | | | | 84% of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02 |
| 02-03 Performance Agreement 1st Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002. | Data Operations Branch | 11/15/2002 | 12/15/2002 | | | 55% of the expected number of initial COI's were submitted for the time 04/01/02 - 06/30/02 |
| 02-03 Performance Agreement 2nd Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2003. | Data Operations Branch | 02/20/2003 | | | | 69% of the expected number of initial COI's were submitted for the time 07/01/02 - 09/30/02 |

Accountability 1 New River

Corrective Actions as of the End of the Second Quarter 2002-2003

| Source/ Origination Date | Description of Required Corrective Action | Section/ Branch Requiring Corrective Action | Due Date for Corrective Action Plan/ Corrective Action | Approval Date of Corrective Action Plan/ Corrective Action | Date of Section/ Branch Follow- up to Verify Implementation | Date of Issues Being Fully Resolved | Comments |
|--|---|---|--|---|--|--|--|
| 01-02 Performance Agreement 2nd Quarter | Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002. | Data Operations Branch | 03/10/2002 for Qtr. 2 | 03/27/2002 | 04/12/2002 | 06/19/2002 | 68.2 % of the expected number of the Consumer Satisfaction Surveys were received by 11/16/01 |
| 01-02 Performance Agreement 3rd Quarter | Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002. | Data Operations Branch | 05/15/2002 | | | | Missing Diagnoses Exceeds 10% (Principal, Primary). |
| 01-02 Performance Agreement 4th Quarter | Accountability3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002. | Data Operations Branch | 08/15/2002 | | | | Missing Required Data Fields Exceeds 10% (Ability To Pay, EAP Code). |

Accountability 1 New River

Corrective Actions as of the End of the Second Quarter 2002-2003

| Source/ Origination Date | Description of Required Corrective Action | Section/ Branch Requiring Corrective Action | Due Date for Corrective Action Plan/ Corrective Action | Approval Date of Corrective Action Plan/ Corrective Action | Date of Section/ Branch Follow- up to Verify Implementation | Date of Issues Being Fully Resolved | Comments |
|--|---|---|--|---|--|--|---|
| 01-02 Performance Agreement 4th Quarter | Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002. | Data Operations Branch | 08/15/2002 | | | | Missing Diagnoses Exceeds 10% (Principal, Primary). |
| 02-03 Performance Agreement 1st Quarter | Accountability3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002. | Data Operations Branch | 11/15/2002 | 12/15/2002 | | 12/15/2002 | Missing Required Data Fields Exceeds 10% (Ability To Pay). |
| 02-03 Performance Agreement 2nd Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2003. | Data Operations Branch | 02/20/2003 | | | | 86% of the expected number of initial COI's were submitted for the time 07/01/02 - 09/30/02 |
| 02-03 Performance Agreement 2nd Quarter | Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2003. | Data Operations Branch | 02/20/2003 | | | | Missing Diagnoses Exceeds 10% (Primary). |

Accountability 1

New River

Corrective Actions as of the End of the Second Quarter 2002-2003

| Source/ Origination Date | Description of Required Corrective Action | Section/ Branch Requiring Corrective Action | Due Date for Corrective Action Plan/ Corrective Action | Approval Date of Corrective Action Plan/ Corrective Action | Date of Section/ Branch Follow- up to Verify Implementation | Date of Issues Being Fully Resolved | Comments |
|--------------------------------|---|---|--|---|--|--|---|
| 4th Quarter, 01-02 | Required Corrective Action for Criteria 1 is to submit the missing first, second, third and fourth quarter WF/SA Initiative Quarterly Reporting Forms for Alleghany, Ashe, Avery, Watauga, and Wilkes Counties within 30 days of receipt of this report | Substance Abuse Services | 09/29/2002 | | | | Area Program not-compliant. |
| 04/20/2000 | The following counties were non-compliant with Criterion 1 - Receipt of Report by State Office: Alleghany, Ashe, Watauga, and Wilkes. The require Corrective Action for Criterion 1 is to submit the missing Third Quarter 99-00 WF/SA Initiative Quarterly Reporting Forms. | Substance Abuse Services | 30 days from receipt of the End of FY 99- 00 Report | N/A | | | Alleghany, Avery, Watauga, and Wilkes County's report was received. Ashe County's report has not been received. Area Program not compliant. |
| 7/14/00 | The following counties were non-compliant with Criteria 1-Receipt of Report by State Office: Alleghany, Ashe, and Watauga. The required Corrective Action for Criteria 1 is to submit the missing Fourth Quarter 99-00 WF/SA Initiative Quarterly Reporting Forms. | Substance Abuse Services | 30 days from receipt of the End of FY 99- 00 Report | N/A | | | Alleghany, Ashe, and Watauga County's report have not been received. Area Program non-compliant. |
| 07/20/2000 | Required Corrective Action for Criteria 1 is to submit the missing Third and Fourth Quarter 00-01 WF/SA Initiative Quarterly Reporting Forms for Alleghany, Ashe, Avery, Watauga and Wilkes Counties within 30 days of receipt of this report. | Substance Abuse Services | 09/29/2001 | | | | Reports for Third and Fourth Quarter have not been received. Area Program non-compliant |

Accountability 1 Onslow

Corrective Actions as of the End of the Second Quarter 2002-2003

| Source/ Origination Date | Description of Required Corrective Action | Section/ Branch Requiring Corrective Action | Due Date for Corrective Action Plan/ Corrective Action | Approval Date of Corrective Action Plan/ Corrective Action | Date of Section/ Branch Follow-up to Verify Implementation | Date of Issues Being Fully Resolved | Comments |
|--|---|---|--|--|---|---|---|
| 01-02 Performance Agreement 3rd Quarter | Performance Agreement - Attachment 2- Accountability 3:Local Community Collaboratives will submit At Risk Children waiting list data on a quarterly basis | Child and Family Services | 07/01/2002 | | | 12/16/2002 | Issue fully resolved |
| 01-02 Performance Agreement 4th Quarter | Child & Family 1-Training and Technical Assistance Plans is to submit the training plan within 30 days of receipt of this report. | Child and Family Services | 30 days from receipt of this report | | | 12/16/2002 | Issue fully resolved |
| 01-02 Performance Agreement 2nd Quarter | Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002. | Data Operations Branch | 03/10/2002 for Qtr. 2 | 03/27/2002 | 04/12/2002 | | Missing Diagnoses Exceeds 10% (Principal and Primary). |
| 01-02 Performance Agreement 2nd Quarter | Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002. | Data Operations Branch | 03/10/2002 for Qtr. 2 | 03/27/2002 | 04/12/2002 | | Missing Substance Abuse Data Exceeds 10% (Service Type, Methadone, UFDS). |
| 01-02 Performance Agreement 2nd Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002. | Data Operations Branch | 03/10/2002 for Qtr. 2 | 03/27/2002 | 04/12/2002 | | 58.0 % of the expected number of initial COI's were submitted as of 12/10/2001. Percentage of COI's submitted is now at 62.5%. COI Policy is under review by Division Staff. |

Accountability 1 Onslow

Corrective Actions as of the End of the Second Quarter 2002-2003

| Source/ Origination Date | Description of Required Corrective Action | Section/ Branch Requiring Corrective Action | Due Date for Corrective Action Plan/ Corrective Action | Approval Date of Corrective Action Plan/ Corrective Action | Date of Section/ Branch Follow-up to Verify Implementation | Date of Issues Being Fully Resolved | Comments |
|--|--|---|--|--|---|---|---|
| 01-02 Performance Agreement 3rd Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002. | Data Operations Branch | 05/15/2002 | | 05/22/2002 | | 58% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01 |
| 01-02 Performance Agreement 4th Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002. | Data Operations Branch | 08/15/2002 | | | | 57% of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02 |
| 02-03 Performance Agreement 1st Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002. | Data Operations Branch | 11/15/2002 | | | | 60% of the expected number of initial COI's were submitted for the time 04/01/02 - 06/30/02 |
| 02-03 Performance Agreement 2nd Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2003. | Data Operations Branch | 02/20/2003 | | | | 53% of the expected number of initial COI's were submitted for the time 07/01/02 - 09/30/02 |
| 02-03 Performance Agreement 2nd Quarter | Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2003. | Data Operations Branch | 02/20/2003 | | | | Missing Diagnoses Exceeds 10% (Principal, Primary). |

**Accountability 1
Orange-Person-Chatham**

Corrective Actions as of the End of the Second Quarter 2002-2003

| Source/ Origination Date | Description of Required Corrective Action | Section/ Branch Requiring Corrective Action | Due Date for Corrective Action Plan/ Corrective Action | Approval Date of Corrective Action Plan/ Corrective Action | Date of Section/ Branch Follow-up to Verify Implementation | Date of Issues Being Fully Resolved | Comments |
|--|--|--|--|--|---|---|---|
| 01-02 Performance Agreement 3rd Quarter | Accountability3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002. | Data Operations Branch | 05/15/2002 | | | | Missing Required Data Fields Exceeds 10% (Competency Status). |
| 01-02 Performance Agreement 4th Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002. | Data Operations Branch | 05/18/2002 | | | | 70% of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02 |
| 02-03 Performance Agreement 1st Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002. | Data Operations Branch | 11/15/2002 | 12/15/2002 | | 12/15/2002 | 93% of the expected number of initial COI's were submitted for the time 04/01/02 - 06/30/02 |
| 02-03 Performance Agreement 2nd Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2003. | Data Operations Branch | 02/20/2003 | | | | 85% of the expected number of initial COI's were submitted for the time 07/01/02 - 09/30/02 |

Accountability 1
Orange-Person-Chatham

Corrective Actions as of the End of the Second Quarter 2002-2003

| Source/ Origination Date | Description of Required Corrective Action | Section/ Branch Requiring Corrective Action | Due Date for Corrective Action Plan/ Corrective Action | Approval Date of Corrective Action Plan/ Corrective Action | Date of Section/ Branch Follow-up to Verify Implementation | Date of Issues Being Fully Resolved | Comments |
|--|--|--|--|--|---|---|--|
| 02-03 Performance Agreement 2nd Quarter | Accountability 3: No data submitted to the Client Data Warehouse Quarter 2 (Oct., Nov. and Dec.). Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 30, 2003. | Data Operations Branch | 02/20/2003 | | | | No data submission to the CDW for Quarter 2 (Oct., Nov. and Dec.) FY 2003. |

Accountability 1 Pathways

Corrective Actions as of the End of the Second Quarter 2002-2003

| Source/ Origination Date | Description of Required Corrective Action | Section/ Branch Requiring Corrective Action | Due Date for Corrective Action Plan/ Corrective Action | Approval Date of Corrective Action Plan/ Corrective Action | Date of Section/ Branch Follow-up to Verify Implementation | Date of Issues Being Fully Resolved | Comments |
|---|--|---|--|--|--|-------------------------------------|---|
| 02-03 Performance Agreement 2nd Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2003. | Data Operations Branch | 02/20/2003 | | | | 37% of the expected number of initial COI's were submitted for the time 07/01/02 - 09/30/02 |

Accountability 1 Piedmont

Corrective Actions as of the End of the Second Quarter 2002-2003

| Source/ Origination Date | Description of Required Corrective Action | Section/ Branch Requiring Corrective Action | Due Date for Corrective Action Plan/ Corrective Action | Approval Date of Corrective Action Plan/ Corrective Action | Date of Section/ Branch Follow- up to Verify Implementation | Date of Issues Being Fully Resolved | Comments |
|--|--|--|--|--|--|--|---|
| 01-02 Performance Agreement 2nd Quarter | Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002. | Data Operations Branch | 03/10/2002 for Qtr. 2 | 03/27/2002 | 04/12/2002 | | Missing Diagnoses Exceeds 10% (Principal). |
| 01-02 Performance Agreement 3rd Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002. | Data Operations Branch | 05/15/2002 | | 05/22/2002 | | 70% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01 |
| 01-02 Performance Agreement 4th Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002. | Data Operations Branch | 08/15/2002 | | | | 73% of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02 |
| 01-02 Performance Agreement 4th Quarter | Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002. | Data Operations Branch | 08/15/2002 | | | | Missing Diagnoses Exceeds 10% (Principal). |

**Accountability 1
Piedmont**

Corrective Actions as of the End of the Second Quarter 2002-2003

| Source/ Origination Date | Description of Required Corrective Action | Section/ Branch Requiring Corrective Action | Due Date for Corrective Action Plan/ Corrective Action | Approval Date of Corrective Action Plan/ Corrective Action | Date of Section/ Branch Follow- up to Verify Implementation | Date of Issues Being Fully Resolved | Comments |
|--|--|--|--|--|--|--|---|
| 02-03 Performance Agreement 1st Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002. | Data Operations Branch | 11/15/2002 | | | | 79% of the expected number of initial COI's were submitted for the time 04/01/02 - 06/30/02 |
| 02-03 Performance Agreement 2nd Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2003. | Data Operations Branch | 02/20/2003 | | | | 60% of the expected number of initial COI's were submitted for the time 07/01/02 - 09/30/02 |
| 02-03 Performance Agreement 2nd Quarter | Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2003. | Data Operations Branch | 02/20/2003 | | | | Missing Diagnoses Exceeds 10% (Principal). |

Accountability 1 Pitt

Corrective Actions as of the End of the Second Quarter 2002-2003

| Source/ Origination Date | Description of Required Corrective Action | Section/ Branch Requiring Corrective Action | Due Date for Corrective Action Plan/ Corrective Action | Approval Date of Corrective Action Plan/ Corrective Action | Date of Section/ Branch Follow-up to Verify Implementation | Date of Issues Being Fully Resolved | Comments |
|--|---|---|--|--|---|---|--|
| 01-02 Performance Agreement 2nd Quarter | Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002. | Data Operations Branch | 03/10/2002 for Qtr. 2 | 03/27/2002 | 04/12/2002 | | Missing Diagnoses Exceeds 10% (Principal and Primary). |
| 01-02 Performance Agreement 2nd Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002. | Data Operations Branch | 03/10/2002 for Qtr. 2 | 03/27/2002 | 04/12/2002 | | 48.9 % of the expected number of initial COI's were submitted as of 12/10/2001. Percentage of COI's submitted is now at 54.8%. COI Policy is under review by Division Staff. |
| 02-03 Performance Agreement 1st Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002. | Data Operations Branch | 11/15/2002 | | | | 79% of the expected number of initial COI's were submitted for the time 04/01/02 - 06/30/02 |
| 02-03 Performance Agreement 1st Quarter | Accountability 3: No data submitted to the Client Data Warehouse Quarter 1 (August, September). Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002. | Data Operations Branch | 11/15/2002 | | | 12/15/2002 | No data submission to the CDW for Quarter 1 (August, September) FY 2003. |

Accountability 1

Pitt

Corrective Actions as of the End of the Second Quarter 2002-2003

| Source/ Origination Date | Description of Required Corrective Action | Section/ Branch Requiring Corrective Action | Due Date for Corrective Action Plan/ Corrective Action | Approval Date of Corrective Action Plan/ Corrective Action | Date of Section/ Branch Follow-up to Verify Implementation | Date of Issues Being Fully Resolved | Comments |
|--|--|---|--|--|---|---|---|
| 02-03 Performance Agreement 2nd Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2003. | Data Operations Branch | 02/20/2003 | | | | 86% of the expected number of initial COI's were submitted for the time 07/01/02 - 09/30/02 |
| 02-03 Performance Agreement 2nd Quarter | Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2003. | Data Operations Branch | 02/20/2003 | | | | Missing Diagnoses Exceeds 10% (Principal, Primary). |

Accountability 1 Randolph

Corrective Actions as of the End of the Second Quarter 2002-2003

| Source/ Origination Date | Description of Required Corrective Action | Section/ Branch Requiring Corrective Action | Due Date for Corrective Action Plan/ Corrective Action | Approval Date of Corrective Action Plan/ Corrective Action | Date of Section/ Branch Follow- up to Verify Implementation | Date of Issues Being Fully Resolved | Comments |
|--|--|--|--|--|--|--|---|
| 02-03 Performance Agreement 1st Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002. | Data Operations Branch | 11/15/2002 | | | | 88% of the expected number of initial COI's were submitted for the time 04/01/02 - 06/30/02 |
| 02-03 Performance Agreement 1st Quarter | Accountability 3: No data submitted to the Client Data Warehouse Quarter 1 (August, September). Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002. | Data Operations Branch | 11/15/2002 | No Corrective Action Required on this issue. Was listed by mistake in the report | | | This compliance issue should not have been listed under Randolph County. Randolph has no issue for the data submission to the CDW for Quarter 1 - FY03 |
| 02-03 Performance Agreement 2nd Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2003. | Data Operations Branch | 02/20/2003 | | | | 68% of the expected number of initial COI's were submitted for the time 07/01/02 - 09/30/02 |
| 02-03 Performance Agreement 2nd Quarter | Accountability 3: No data submitted to the Client Data Warehouse Quarter 2 (Oct., Nov. and Dec.). Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 30, 2003. | Data Operations Branch | 02/20/2003 | | | | No data submission to the CDW for Quarter 2 (Dec.) FY 2003. |

**Accountability 1
RiverStone**

Corrective Actions as of the End of the Second Quarter 2002-2003

| Source/ Origination Date | Description of Required Corrective Action | Section/ Branch Requiring Corrective Action | Due Date for Corrective Action Plan/ Corrective Action | Approval Date of Corrective Action Plan/ Corrective Action | Date of Section/ Branch Follow- up to Verify Implementation | Date of Issues Being Fully Resolved | Comments |
|--|---|---|--|--|--|--|---|
| 01-02 Performance Agreement 2nd Quarter | Accountability3: Incomplete data submitted to the Client Data Warehouse Quarter 2 (Oct. 2001 missing). Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002. | Data Operations Branch | 03/10/2002 for Qtr. 2 | 03/27/2002 | 04/12/2002 | | Incomplete data submission to the CDW for Quarter 2 FY2002 (October 2001 data missing) |
| 01-02 Performance Agreement 3rd Quarter | Accountability3: Other accountability measures for the CDW cannot be calculated because incomplete has been submitted for Quarter 3 (February, March). Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002. | Data Operations Branch | 05/15/2002 | | | | Incomplete data submission to the CDW for Quarter 3 FY2002 (Feb and March 2002 missing) |
| 02-03 Performance Agreement 1st Quarter | Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002. | Data Operations Branch | 11/15/2002 | | | 12/15/2002 | Missing Substance Abuse Data Exceeds 10% (Choice Service Type, Methadone, UFDS Code). |
| 02-03 Performance Agreement 1st Quarter | Accountability 3: No data submitted to the Client Data Warehouse Quarter 1 (September). Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002. | Data Operations Branch | 11/15/2002 | | | 12/15/2002 | No data submission to the CDW for Quarter 1 (September) FY 2003. |

**Accountability 1
RiverStone**

Corrective Actions as of the End of the Second Quarter 2002-2003

| Source/ Origination Date | Description of Required Corrective Action | Section/ Branch Requiring Corrective Action | Due Date for Corrective Action Plan/ Corrective Action | Approval Date of Corrective Action Plan/ Corrective Action | Date of Section/ Branch Follow- up to Verify Implementation | Date of Issues Being Fully Resolved | Comments |
|--|---|---|--|--|--|--|--|
| 02-03 Performance Agreement 2nd Quarter | Accountability 3: No data submitted to the Client Data Warehouse Quarter 1 (July, August, September). Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 30, 2003.. | Data Operations Branch | 02/20/2003 | | | | No data submission to the CDW for Quarter 2 (Dec.) FY 2003. |
| 02-03 Performance Agreement 2nd Quarter | Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20,2003 | Data Operations Branch | 02/20/2003 | | | | Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methadone, UFDS Code). |
| 02-03 Performance Agreement 2nd Quarter | Accountability3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2003. | Data Operations Branch | 02/20/2003 | | | | Missing Required Data Fields Exceeds 10% (Ability to Pay). |

Accountability 1

Roanoke-Chowan

Corrective Actions as of the End of the Second Quarter 2002-2003

[illegible]

Accountability 1 Rockingham

Corrective Actions as of the End of the Second Quarter 2002-2003

| Source/ Origination Date | Description of Required Corrective Action | Section/ Branch Requiring Corrective Action | Due Date for Corrective Action Plan/ Corrective Action | Approval Date of Corrective Action Plan/ Corrective Action | Date of Section/ Branch Follow-up to Verify Implementation | Date of Issues Being Fully Resolved | Comments |
|---|--|---|--|--|--|-------------------------------------|---|
| 01-02 Performance Agreement 3rd Quarter | Performance Agreement - Attachment 2- Accountability 3:Local Community Collaboratives will submit At Risk Children waiting list data on a quarterly basis | Child and Family Services | 07/01/2002 | | | 12/16/02 | Issue fully resolved |
| 1st Quarter, 02-03 | Required Corrective Action for Criteria 1 is to submit the missing first quarter 02-03 CTSP Waitlist information for Rockingham Area Program, within 30 days of receipt of this report. | Child and Family Services | 12/31/2002 | | | 12/16/02 | Issue fully resolved |
| 01-02 Performance Agreement 2nd Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002. | Data Operations Branch | 03/10/2002 for Qtr. 2 | 03/27/2002 | 04/12/2002 | | 80.6 % of the expected number of initial COI's were submitted as of 12/10/2001. Percentage is now 86.2% |
| 01-02 Performance Agreement 3rd Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002. | Data Operations Branch | 05/15/2002 | | 05/22/2002 | | 34% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01 |
| 01-02 Performance Agreement 4th Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002. | Data Operations Branch | 08/15/2002 | | | | 75% of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02 |

**Accountability 1
Rockingham**

Corrective Actions as of the End of the Second Quarter 2002-2003

| Source/ Origination Date | Description of Required Corrective Action | Section/ Branch Requiring Corrective Action | Due Date for Corrective Action Plan/ Corrective Action | Approval Date of Corrective Action Plan/ Corrective Action | Date of Section/ Branch Follow-up to Verify Implementation | Date of Issues Being Fully Resolved | Comments |
|---|--|---|--|--|--|-------------------------------------|---|
| 02-03 Performance Agreement 1st Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002. | Data Operations Branch | 11/15/2002 | 12/15/2002 | | | 85% of the expected number of initial COI's were submitted for the time 04/01/02 - 06/30/02 |
| 02-03 Performance Agreement 2nd Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2003. | Data Operations Branch | 02/20/2003 | | | | 76% of the expected number of initial COI's were submitted for the time 07/01/02 - 09/30/02 |
| 4th. Quarter, 01-02 | Required Corrective Action for Criteria 1 is to submit the missing third and fourth quarter WF/SA Initiative Quarterly Reporting Forms for Rockingham County within 30 days of receipt of this report | Substance Abuse Services | 09/29/2002 | | | | Area Program not compliant. |

Accountability 1 Rutherford-Polk

Corrective Actions as of the End of the Second Quarter 2002-2003

| Source/ Origination Date | Description of Required Corrective Action | Section/ Branch Requiring Corrective Action | Due Date for Corrective Action Plan/ Corrective Action | Approval Date of Corrective Action Plan/ Corrective Action | Date of Section/ Branch Follow-up to Verify Implementation | Date of Issues Being Fully Resolved | Comments |
|---|---|---|--|--|--|-------------------------------------|--|
| 01-02 Performance Agreement 3rd Quarter | Performance Agreement - Attachment 2-Accountability 3:Local Community Collaboratives will submit At Risk Children waiting list data on a quarterly basis | Child and Family Services | 07/01/2002 | | | 12/16/02 | Issue fully resolved. |
| 01-02 Performance Agreement 4th Quarter | Child & Family 1-Training and Technical Assistance Plans is to submit the training plan within 30 days of receipt of this report. | Child and Family Services | 30 days from receipt of this report | | | 12/16/02 | Issue fully resolved. |
| 1st Quarter, 02-03 | Required Corrective Action for Criteria 1 is to submit the missing first quarter 02-03 CTSP Waitlist information for Rutherford-Polk Area Program, within 30 days of receipt of this report. | Child and Family Services | 12/31/2002 | | | 12/16/02 | Issue fully resolved. |
| 01-02 Performance Agreement 2nd Quarter | Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002. | Data Operations Branch | 03/10/2002 for Qtr. 2 | 03/27/2002 | 04/12/2002 | | Missing Diagnoses Exceeds 10% (Principal and Primary). |
| 01-02 Performance Agreement 2nd Quarter | Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002. | Data Operations Branch | 03/10/2002 for Qtr. 2 | 03/27/2002 | 04/12/2002 | | 62.9 % of the expected number of the Consumer Satisfaction Surveys were received by 11/16/01 |

Accountability 1 Rutherford-Polk

Corrective Actions as of the End of the Second Quarter 2002-2003

| Source/ Origination Date | Description of Required Corrective Action | Section/ Branch Requiring Corrective Action | Due Date for Corrective Action Plan/ Corrective Action | Approval Date of Corrective Action Plan/ Corrective Action | Date of Section/ Branch Follow-up to Verify Implementation | Date of Issues Being Fully Resolved | Comments |
|---|--|---|--|--|--|-------------------------------------|--|
| 01-02 Performance Agreement 2nd Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002. | Data Operations Branch | 03/10/2002 for Qtr. 2 | 03/27/2002 | 04/12/2002 | | 54.5 % of the expected number of initial COI's were submitted as of 12/10/2001. Percentage now 58.5% |
| 01-02 Performance Agreement 3rd Quarter | Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002. | Data Operations Branch | 05/15/2002 | | | | Missing Diagnoses Exceeds 10% (Principal, Primary). |
| 01-02 Performance Agreement 3rd Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002. | Data Operations Branch | 05/15/2002 | | 05/22/2002 | | 48% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01 |
| 01-02 Performance Agreement 4th Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002. | Data Operations Branch | 08/15/2002 | | | | 60% of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02 |
| 01-02 Performance Agreement 4th Quarter | Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002. | Data Operations Branch | 08/15/2002 | | | | Missing Diagnoses Exceeds 10% (Principal, Primary). |

**Accountability 1
Rutherford-Polk**

Corrective Actions as of the End of the Second Quarter 2002-2003

| Source/ Origination Date | Description of Required Corrective Action | Section/ Branch Requiring Corrective Action | Due Date for Corrective Action Plan/ Corrective Action | Approval Date of Corrective Action Plan/ Corrective Action | Date of Section/ Branch Follow-up to Verify Implementation | Date of Issues Being Fully Resolved | Comments |
|---|---|---|--|--|--|-------------------------------------|--|
| 02-03 Performance Agreement 1st Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002. | Data Operations Branch | 11/15/2002 | | | | 21% of the expected number of initial COI's were submitted for the time 04/01/02 - 06/30/02 |
| 02-03 Performance Agreement 1st Quarter | Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002. | Data Operations Branch | 11/15/2002 | | | | Missing Substance Abuse Data Exceeds 10% (Drug of Choice Service Type, Methadone, UFDS Code). |
| 02-03 Performance Agreement 2nd Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2003. | Data Operations Branch | 02/20/2003 | | | | 41% of the expected number of initial COI's were submitted for the time 07/01/02 - 09/30/02 |
| 02-03 Performance Agreement 2nd Quarter | Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2003. | Data Operations Branch | 02/20/2003 | | | | Missing Diagnoses Exceeds 10% (Principal, Primary). |
| 02-03 Performance Agreement 2nd Quarter | Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2003 | Data Operations Branch | 02/20/2003 | | | | Missing Substance Abuse Data Exceeds 10% (Drug of Choice, Service Type, Methadone, UFDS Code). |

Accountability 1
Rutherford-Polk
Corrective Actions as of the End of the Second Quarter 2002-2003

| Source/ Origination Date | Description of Required Corrective Action | Section/ Branch Requiring Corrective Action | Due Date for Corrective Action Plan/ Corrective Action | Approval Date of Corrective Action Plan/ Corrective Action | Date of Section/ Branch Follow-up to Verify Implementation | Date of Issues Being Fully Resolved | Comments |
|--------------------------|--|---|--|--|--|-------------------------------------|---|
| 4th Quarter, 01-02 | Required Corrective Action for Criteria 1 is to submit the missing fourth quarter 01-02 WF/SA Initiative Quarterly Reporting Forms for Polk County, within 30 days of receipt of this report. | Substance Abuse Services | 09/29/2002 | | | | Area Program not compliant. |
| 2nd Quarter, 01-02 | Required Corrective Action for Criteria 1 is to submit the missing first and second quarter 01-02 WF/SA Initiative Quarterly Reporting Forms for Polk County, within 30 days of receipt of this report. | Substance Abuse Services | 03/29/2002 | | | | Area Program not compliant. |
| 3rd Quarter, 01-02 | Required Corrective Action for Criteria 1 is to submit the missing third quarter 01-02 reporting forms for Rutherford and Polk Counties within 30 days of receipt of this report | Substance Abuse Services | 06/29/2002 | | | | Area Program not compliant. |
| 07/20/2001 | The following county was non-compliant with Criteria 1 - Receipt of Report by State Office: Polk. The required Corrective Action for Criteria 1 is to submit the missing Fourth Quarter 00-01 WF/SA Initiative Quarterly Reporting Forms. | Substance Abuse Services | 30 days from receipt of this report | | | | Polk County's report has not been received. Area program not compliant. |

Accountability 1 Sandhills

Corrective Actions as of the End of the Second Quarter 2002-2003

| Source/ Origination Date | Description of Required Corrective Action | Section/ Branch Requiring Corrective Action | Due Date for Corrective Action Plan/ Corrective Action | Approval Date of Corrective Action Plan/ Corrective Action | Date of Section/ Branch Follow- up to Verify Implementation | Date of Issues Being Fully Resolved | Comments |
|--|--|---|--|--|--|---|--|
| 01-02 Performance Agreement 4th Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002. | Data Operations Branch | 08/15/2002 | | | | 43% of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02 |
| 02-03 Performance Agreement 1st Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002. | Data Operations Branch | 11/15/2002 | 12/15/2002 | | 12/15/2002 | 100% of the expected number of initial COI's were submitted for the time 04/01/02 - 06/30/02 |
| 02-03 Performance Agreement 2nd Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2003. | Data Operations Branch | 02/20/2003 | | | | 62% of the expected number of initial COI's were submitted for the time 07/01/02 - 09/30/02 |

**Accountability 1
Southeastern Center**

Corrective Actions as of the End of the Second Quarter 2002-2003

| Source/ Origination Date | Description of Required Corrective Action | Section/ Branch Requiring Corrective Action | Due Date for Corrective Action Plan/ Corrective Action | Approval Date of Corrective Action Plan/ Corrective Action | Date of Section/ Branch Follow-up to Verify Implementation | Date of Issues Being Fully Resolved | Comments |
|--|--|---|--|---|---|---|---|
| 01-02 Performance Agreement 2nd Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002. | Data Operations Branch | 03/10/2002 for Qtr. 2 | 03/27/2002 | 04/12/2002 | | 63.8 % of the expected number of initial COI's were submitted as of 12/10/2001. Percentage now 80.7% |
| 01-02 Performance Agreement 3rd Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002. | Data Operations Branch | 05/15/2002 | | 05/22/2002 | | 77% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01 |
| 01-02 Performance Agreement 4th Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002. | Data Operations Branch | 08/15/2002 | | | | 85% of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02 |
| 02-03 Performance Agreement 1st Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002. | Data Operations Branch | 11/15/2002 | 11/22/2002 | 11/25/2002 | 11/27/2002 | 95% of the expected number of initial COI's were submitted for the time 04/01/02 - 06/30/02 |
| 02-03 Performance Agreement 1st Quarter | Accountability 3: No data submitted to the Client Data Warehouse Quarter 1 (July, August, September). Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002. | Data Operations Branch | 11/15/2002 | No Corrective Action Required on this issue. Was listed by mistake on the report | NA | NA | This compliance issue should have been listed under Southeastern Regional. Southeastern Cntr. Has no issue for data submission to the CDW for Quarter 1 - FY03 |

Accountability 1
Southeastern Regional

Corrective Actions as of the End of the Second Quarter 2002-2003

| Source/ Origination Date | Description of Required Corrective Action | Section/ Branch Requiring Corrective Action | Due Date for Corrective Action Plan/ Corrective Action | Approval Date of Corrective Action Plan/ Corrective Action | Date of Section/ Branch Follow- up to Verify Implementation | Date of Issues Being Fully Resolved | Comments |
|--|---|--|--|--|--|--|---|
| 01-02 Performance Agreement 2nd Quarter | Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002. | Data Operations Branch | 03/10/2002 for Qtr. 2 | 03/27/2002 | 04/12/2002 | | Missing Diagnoses Exceeds 10% (Principal and Primary). |
| 01-02 Performance Agreement 3rd Quarter | Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002. | Data Operations Branch | 05/15/2002 | | | | Missing Diagnoses Exceeds 10% (Principal, Primary). |
| 01-02 Performance Agreement 3rd Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002. | Data Operations Branch | 05/15/2002 | | 05/22/2002 | | 72% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01 |
| 01-02 Performance Agreement 4th Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002. | Data Operations Branch | 08/15/2002 | | | | 34% of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02 |

Accountability 1
Southeastern Regional
Corrective Actions as of the End of the Second Quarter 2002-2003

| Source/ Origination Date | Description of Required Corrective Action | Section/ Branch Requiring Corrective Action | Due Date for Corrective Action Plan/ Corrective Action | Approval Date of Corrective Action Plan/ Corrective Action | Date of Section/ Branch Follow- up to Verify Implementation | Date of Issues Being Fully Resolved | Comments |
|---|---|--|--|--|--|--|---|
| 01-02 Performance Agreement 4th. Quarter | Accountability 3: No data submitted to the Client Data Warehouse Quarter 4 (May, June). Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002. | Data Operations Branch | 8/15/2002 | | | | No data submission to the CDW for Quarter 4 (May, June) FY 2002. |
| 01-02 Performance Agreement 4th Quarter | Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002. | Data Operations Branch | 08/15/2002 | | | | Missing Diagnoses Exceeds 10% (Principal, Primary). |
| 02-03 Performance Agreement 1st Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002. | Data Operations Branch | 11/15/2002 | 12/15/2002 | | | 64% of the expected number of initial COI's were submitted for the time 04/01/02 - 06/30/02 |
| 02-03 Performance Agreement 1st Quarter | Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002. | Data Operations Branch | 11/15/2002 | 12/15/2002 | | | Missing Substance Abuse Data Exceeds 10% (Drug of Choice Service Type, Methadone, UFDS Code). |

Accountability 1
Southeastern Regional
Corrective Actions as of the End of the Second Quarter 2002-2003

| Source/ Origination Date | Description of Required Corrective Action | Section/ Branch Requiring Corrective Action | Due Date for Corrective Action Plan/ Corrective Action | Approval Date of Corrective Action Plan/ Corrective Action | Date of Section/ Branch Follow- up to Verify Implementation | Date of Issues Being Fully Resolved | Comments |
|---|--|--|--|--|--|--|---|
| 02-03 Performance Agreement 1st. Quarter | Accountability 3: No data submitted to the Client Data Warehouse Quarter 1 (July, August, September). Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002. | Data Operations Branch | This item should have appeared on Qtr. 1 FY03. Was omitted by mistake. | | | 12/15/2002 | No data submission to the CDW for Quarter 1 (July, August, September) FY 2003. |
| 02-03 Performance Agreement 2nd Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2003. | Data Operations Branch | 02/20/2003 | | | | 22% of the expected number of initial COI's were submitted for the time 07/01/02 - 09/30/02 |
| 02-03 Performance Agreement 2nd Quarter | Accountability 3: No data submitted to the Client Data Warehouse Quarter 2 (Oct., Nov. and Dec.). Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 30, 2003. | Data Operations Branch | 02/20/2003 | | | | No data submission to the CDW for Quarter 2 (Dec.) FY 2003. |
| 02-03 Performance Agreement 2nd Quarter | Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2003. | Data Operations Branch | 02/20/2003 | | | | Missing Diagnoses Exceeds 10% (Principal, Primary). |
| 2nd Quarter 02-03 | Required Corrective Action for Criteria 1 is to submit the missing first quarter 02-03 WF/SA Initiative Quarterly Reporting Forms for Bladen and Columbus County within 30 days of receipt of this report. | Substance Abuse Services Section | 04/29/2003 | | | | Area Program not compliant. |

Accountability 1 Smoky Mountain

Corrective Actions as of the End of the Second Quarter 2002-2003

| Source/ Origination Date | Description of Required Corrective Action | Section/ Branch Requiring Corrective Action | Due Date for Corrective Action Plan/ Corrective Action | Approval Date of Corrective Action Plan/ Corrective Action | Date of Section/ Branch Follow-up to Verify Implementation | Date of Issues Being Fully Resolved | Comments |
|--|--|---|--|--|---|---|--|
| 1st Quarter, 02-03 | Required Corrective Action for Criteria 1 is to submit the missing first quarter 02-03 CTSP Waitlist information for Smoky Mountain Area Program, within 30 days of receipt of this report. | Child and Family Services | 12/31/2002 | | | 12/16/2002 | Issue fully resolved. |
| 02-03 Performance Agreement 1st Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002. | Data Operations Branch | 11/15/2002 | | | 12/15/2002 | 100% of the expected number of initial COI's were submitted for the time 04/01/02 - 06/30/02 |
| 02-03 Performance Agreement 2nd Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2003. | Data Operations Branch | 02/20/2003 | | | | 76% of the expected number of initial COI's were submitted for the time 07/01/02 - 09/30/02 |
| 02-03 Performance Agreement 2nd Quarter | Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2003. | Data Operations Branch | 02/20/2003 | | | | Missing Diagnoses Exceeds 10% (Principal, Primary). |
| 02-03 Performance Agreement 2nd Quarter | Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. Corrective Action must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2003. | Data Operations Branch | 02/20/2003 | | | | 80% of the expected number of the Consumer Satisfaction Surveys were received by 11/15/2002 |

Accountability 1 Tideland

Corrective Actions as of the End of the Second Quarter 2002-2003

| Source/ Origination Date | Description of Required Corrective Action | Section/ Branch Requiring Corrective Action | Due Date for Corrective Action Plan/ Corrective Action | Approval Date of Corrective Action Plan/ Corrective Action | Date of Section/ Branch Follow- up to Verify Implementation | Date of Issues Being Fully Resolved | Comments |
|--|---|---|--|--|--|---|--|
| 01-02 Performance Agreement 2nd Quarter | Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002. | Data Operations Branch | 03/10/2002 for Qtr. 2 | 03/27/2002 | 04/12/2002 | | 75.9 % of the expected number of the Consumer Satisfaction Surveys were received by 11/16/01 |
| 01-02 Performance Agreement 3rd Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002. | Data Operations Branch | 05/15/2002 | | | | 27% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01 |
| 01-02 Performance Agreement 2nd Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002. | Data Operations Branch | 03/10/2002 for Qtr. 2 | 03/27/2002 | 04/12/2002 | | 29.2 % of the expected number of initial COI's were submitted as of 12/10/2001. Percentage now 32.6% |
| 01-02 Performance Agreement 3rd Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002. | Data Operations Branch | 05/15/2002 | | 05/22/2002 | | 27% of the expected number of initial COI's were submitted for the time 10/01/01 - 12/31/01 |

Accountability 1 Tideland

Corrective Actions as of the End of the Second Quarter 2002-2003

| Source/ Origination Date | Description of Required Corrective Action | Section/ Branch Requiring Corrective Action | Due Date for Corrective Action Plan/ Corrective Action | Approval Date of Corrective Action Plan/ Corrective Action | Date of Section/ Branch Follow- up to Verify Implementation | Date of Issues Being Fully Resolved | Comments |
|--|---|---|--|--|--|---|---|
| 01-02 Performance Agreement 4th Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002. | Data Operations Branch | 08/15/2002 | | | | 15% of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02 |
| 02-03 Performance Agreement 1st Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002. | Data Operations Branch | 11/15/2002 | | | | 35% of the expected number of initial COI's were submitted for the time 04/01/02 - 06/30/02 |
| 02-03 Performance Agreement 2nd Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2003. | Data Operations Branch | 02/20/2003 | | | | 11% of the expected number of initial COI's were submitted for the time 07/01/02 - 09/30/02 |
| 02-03 Performance Agreement 2nd Quarter | Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20,2003 | Data Operations Branch | 02/20/2003 | | | | Missing Substance Abuse Data Exceeds 10% (Service Type, Methadone, UFDS Code). |

Accountability 1 Trend

Corrective Actions as of the End of the Second Quarter 2002-2003

| Source/ Origination Date | Description of Required Corrective Action | Section/ Branch Requiring Corrective Action | Due Date for Corrective Action Plan/ Corrective Action | Approval Date of Corrective Action Plan/ Corrective Action | Date of Section/ Branch Follow- up to Verify Implementation | Date of Issues Being Fully Resolved | Comments |
|--|--|--|--|--|--|--|---|
| 02-03 Performance Agreement 2nd Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2003. | Data Operations Branch | 02/20/2003 | | | | 49% of the expected number of initial COI's were submitted for the time 07/01/02 - 09/30/02 |

Accountability 1
Vance-Warren-Granville-Franklin

Corrective Actions as of the End of the Second Quarter 2002-2003

| Source/ Origination Date | Description of Required Corrective Action | Section/ Branch Requiring Corrective Action | Due Date for Corrective Action Plan/ Corrective Action | Approval Date of Corrective Action Plan/ Corrective Action | Date of Section/ Branch Follow-up to Verify Implementation | Date of Issues Being Fully Resolved | Comments |
|---|---|---|--|--|--|-------------------------------------|---|
| 02-03 Performance Agreement 1st Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002. | Data Operations Branch | 11/15/2002 | 12/15/2002 | | 12/15/2002 | 90% of the expected number of initial COI's were submitted for the time 04/01/02 - 06/30/02 |
| 02-03 Performance Agreement 1st Quarter | Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002. | Data Operations Branch | 11/15/2002 | 12/15/2002 | | | Missing Substance Abuse Data Exceeds 10% (Drug of Choice). |
| 02-03 Performance Agreement 2nd Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2003. | Data Operations Branch | 02/20/2003 | | | | 62% of the expected number of initial COI's were submitted for the time 07/01/02 - 09/30/02 |
| 02-03 Performance Agreement 2nd Quarter | Accountability 3: No data submitted to the Client Data Warehouse Quarter 2 (Oct., Nov. and Dec.). Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 30, 2003. | Data Operations Branch | 02/20/2003 | | | | No data submission to the CDW for Quarter 2 (Dec.) FY 2003. |
| 02-03 Performance Agreement 2nd Quarter | Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20,2003 | Data Operations Branch | 02/20/2003 | | | | Missing Substance Abuse Data Exceeds 10% (Drug of Choice). |

Accountability 1 Wake

Corrective Actions as of the End of the Second Quarter 2002-2003

| Source/ Origination Date | Description of Required Corrective Action | Section/ Branch Requiring Corrective Action | Due Date for Corrective Action Plan/ Corrective Action | Approval Date of Corrective Action Plan/ Corrective Action | Date of Section/ Branch Follow-up to Verify Implementation | Date of Issues Being Fully Resolved | Comments |
|---|--|---|--|--|--|-------------------------------------|--|
| 1st Quarter, 02-03 | Required Corrective Action for Criteria 1 is to submit the missing first quarter 02-03 CTSP Waitlist information for Wake Area Program, within 30 days of receipt of this report. | Child and Family Services | 12/31/2002 | | | 12/16/2002 | Issue fully resolved |
| 01-02 Performance Agreement 2nd Quarter | Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002. | Data Operations Branch | 03/10/2002 for Qtr. 2 | 03/27/2002 | 04/12/2002 | | Missing Substance Abuse Data Exceeds 10% (Drug of Choice). |
| 01-02 Performance Agreement 2nd Quarter | Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002. | Data Operations Branch | 03/10/2002 for Qtr. 2 | 03/27/2002 | 04/12/2002 | | Missing Diagnoses Exceeds 10% (Principal and Primary). |
| 01-02 Performance Agreement 2nd Quarter | Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002. | Data Operations Branch | 03/10/2002 for Qtr. 2 | 03/27/2002 | 04/12/2002 | | 0.0 % of the expected number of the Consumer Satisfaction Surveys were received by 11/16/01. 407 of 731 expected surveys were returned on 01/11/02 |

Accountability 1 Wake

Corrective Actions as of the End of the Second Quarter 2002-2003

| Source/ Origination Date | Description of Required Corrective Action | Section/ Branch Requiring Corrective Action | Due Date for Corrective Action Plan/ Corrective Action | Approval Date of Corrective Action Plan/ Corrective Action | Date of Section/ Branch Follow-up to Verify Implementation | Date of Issues Being Fully Resolved | Comments |
|---|--|---|--|--|--|-------------------------------------|---|
| 01-02 Performance Agreement 4th Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002. | Data Operations Branch | 08/15/2002 | | | | 28% of the expected number of initial COI's were submitted for the time 01/01/02 - 03/31/02 |
| 02-03 Performance Agreement 1st Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002. | Data Operations Branch | 11/15/2002 | | | 12/15/2002 | 90% of the expected number of initial COI's were submitted for the time 04/01/02 - 06/30/02 |
| 02-03 Performance Agreement 2nd Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2003. | Data Operations Branch | 02/20/2003 | | | | 41% of the expected number of initial COI's were submitted for the time 07/01/02 - 09/30/02 |

Accountability 1 Wayne

Corrective Actions as of the End of the Second Quarter 2002-2003

| Source/ Origination Date | Description of Required Corrective Action | Section/ Branch Requiring Corrective Action | Due Date for Corrective Action Plan/ Corrective Action | Approval Date of Corrective Action Plan/ Corrective Action | Date of Section/ Branch Follow-up to Verify Implementation | Date of Issues Being Fully Resolved | Comments |
|--|--|---|--|--|---|---|--|
| 01-02 Performance Agreement 2nd Quarter | Accountability3: Accountability measures for the CDW related to missing required data fields exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002. | Data Operations Branch | 03/10/2002 for Qtr. 2 | 03/27/2002 | 04/12/2002 | | Missing Required Data Fields Exceeds 10% (Ability To Pay, Court Order Type). |
| 01-02 Performance Agreement 2nd Quarter | Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002. | Data Operations Branch | 03/10/2002 for Qtr. 2 | 03/27/2002 | 04/12/2002 | | Missing Substance Abuse Data Exceeds 10% (Methadone). |
| 01-02 Performance Agreement 2nd Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002. | Data Operations Branch | 03/10/2002 for Qtr. 2 | 03/27/2002 | 04/12/2002 | | 58.6 % of the expected number of initial COI's were submitted as of 12/10/2001. Percentage now 59.8% |
| 01-02 Performance Agreement 2nd Quarter | Client Rights and Relations 1: Expected number of Consumer Satisfaction Surveys forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of March 10, 2002. | Data Operations Branch | 03/10/2002 for Qtr. 2 | 03/27/2002 | 04/12/2002 | | 55.0 % of the expected number of the Consumer Satisfaction Surveys were received by 11/16/01 |

Accountability 1

Wayne

Corrective Actions as of the End of the Second Quarter 2002-2003

| Source/ Origination Date | Description of Required Corrective Action | Section/ Branch Requiring Corrective Action | Due Date for Corrective Action Plan/ Corrective Action | Approval Date of Corrective Action Plan/ Corrective Action | Date of Section/ Branch Follow-up to Verify Implementation | Date of Issues Being Fully Resolved | Comments |
|--|--|---|--|--|---|---|---|
| 01-02 Performance Agreement 3rd Quarter | Accountability3: Other accountability measures for the COI cannot be calculated because incomplete has been submitted for Quarter 3 (February, March) . Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of May 15, 2002. | Data Operations Branch | 05/15/2002 | | 05/22/2002 | | Incomplete data submission to the CDW for Quarter 3 FY2002 (Feb and March 2002 missing) |
| 01-02 Performance Agreement 4th Quarter | Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of August 15, 2002. | Data Operations Branch | 08/15/2002 | | | | Missing Substance Abuse Data Exceeds 10% (Service Type, Methadone, UFDS Code). |
| 02-03 Performance Agreement 1st Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002. | Data Operations Branch | 11/15/2002 | | | | 86% of the expected number of initial COI's were submitted for the time 04/01/02 - 06/30/02 |
| 02-03 Performance Agreement 1st Quarter | Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002. | Data Operations Branch | 11/15/2002 | | | | Missing Substance Abuse Data Exceeds 10% (Choice Service Type, Methadone, UFDS Code). |

**Accountability 1
Wayne**

Corrective Actions as of the End of the Second Quarter 2002-2003

| Source/ Origination Date | Description of Required Corrective Action | Section/ Branch Requiring Corrective Action | Due Date for Corrective Action Plan/ Corrective Action | Approval Date of Corrective Action Plan/ Corrective Action | Date of Section/ Branch Follow-up to Verify Implementation | Date of Issues Being Fully Resolved | Comments |
|--|--|---|--|--|---|---|---|
| 02-03 Performance Agreement 1st Quarter | Accountability 3: No data submitted to the Client Data Warehouse Quarter 1 (August, September). Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of November 15, 2002. | Data Operations Branch | 11/15/2002 | | | 12/15/2002 | No data submission to the CDW for Quarter 1 (August, September) FY 2003. |
| 02-03 Performance Agreement 2nd Quarter | Accountability3: Expected number of initial COI forms not received. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2003. | Data Operations Branch | 02/20/2003 | | | | 54% of the expected number of initial COI's were submitted for the time 07/01/02 - 09/30/02 |
| 02-03 Performance Agreement 2nd Quarter | Accountability3: Accountability measures for the CDW related to missing diagnoses exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2003. | Data Operations Branch | 02/20/2003 | | | | Missing Diagnoses Exceeds 10% (Principal, Primary). |
| 02-03 Performance Agreement 2nd Quarter | Accountability3: Accountability measures for the CDW related to Substance Abuse Data exceed 10% missing. Corrective Action Plan must describe a method for the submission of necessary data to fully resolve this issue. The data must be submitted and accepted within 30 days of February 20, 2003 | Data Operations Branch | 02/20/2003 | | | | Missing Substance Abuse Data Exceeds 10% (Service Type, Methadone, UFDS Code). |

Accountability 1

Wilson-Greene

Corrective Actions as of the End of the Second Quarter 2002-2003

[illegible]

2002-2003 Performance Agreement
Second Quarter Report
October 1, 2002 - December 31, 2002

Accountability 2

Performance Requirement: Achieve and maintain accreditation by the Council on Accreditation (COA)

| Area Program/County | COA Accredited | Expiration Date* | 2002 MOA** Report Filed | Remarks |
|-----------------------|----------------|---|--|--|
| Alamance-Caswell | Yes | 07/31/2004 | | |
| Albemarle | Yes | 01/31/2005 | | |
| Blue Ridge | Yes | 05/31/2005 | 2002 MOA reports not due until February 28, 2003 | Expiration date subject to revision to comply with SAMHSA requirements for opioid treatment program accreditation |
| Catawba | Yes | 09/30/2005 | | |
| CenterPoint | Yes | 04/30/2005 | | |
| Crossroads | Yes | 05/31/2005 | | |
| Cumberland | Yes | 07/31/2003 | | |
| Davidson | Yes | 07/31/2005 | | |
| Duplin-Sampson-Lenoir | Yes | Duplin-Sampson 02/29/2004; Lenoir 01/31/2005 | | The Duplin-Sampson & the Lenoir Area Programs merged 7/1/02. The COA accreditation expiration date for the merged program is to be determined. |
| Durham | Yes | 07/31/2005 | | Expiration date subject to revision to comply with SAMHSA requirements for opioid treatment program accreditation |
| Edgecombe-Nash | Yes | 11/30/2005 | | |
| Foothills | Yes | 06/30/2006 | | |
| Guilford | Yes | 07/31/2004 | | |
| Johnston | Yes | 07/31/2003 | | |
| Lee-Harnett | Yes | 10/31/2004 | | |
| Mecklenburg | NA | | | Exempted from COA review |
| Neuse | Yes | 11/30/2004 | | |
| New River | Yes | 06/30/2005 | | |
| Onslow | Yes | 02/28/2005 | | |
| Orange-Person-Chatham | Yes | 12/31/2004 | | |
| Pathways | Yes | 06/30/2005 | | |
| Piedmont | Yes | 07/31/2005 | | |
| Pitt | Yes | 07/31/2006 | | Expiration date subject to revision to comply with SAMHSA requirements for opioid treatment program accreditation |
| Randolph | Yes | 06/30/2004 | | |
| RiverStone | Yes | 11/30/2005 | | |
| Roanoke-Chowan | Yes | 02/28/2005 | | |
| Rockingham | Yes | 04/30/2005 | | |
| Rutherford-Polk | Yes | 10/31/2004 | | |
| Sandhills | Yes | 01/31/2005 | | |
| Smoky Mountain | Yes | 11/30/2003 | | |
| Southeastern Center | Yes | 02/28/2005 | | |
| Southeastern Regional | Yes | 06/30/2005 | | |
| Tideland | Yes | 05/31/2005 | | |
| Trend | Yes | 08/31/2005 | | |
| V-G-F-W | Yes | 12/31/2005 | | |
| Wake | Yes | 07/31/2005 | | |
| Wayne | Yes | 01/31/2005 | | |
| Wilson-Greene | Yes | 12/31/2004 | | |

* Change in COA accreditation cycle from 3 to 4 years approved by the Commission for Mental Health, Developmental Disabilities and Substance Abuse Services September 17, 2001

** Maintenance of Accreditation Reports due annually during the accreditation cycle

Accountability2-COA accreditation,Q2

2002-2003 Performance Agreement
Second Quarter Report
October 1, 2002 - December 31, 2002

Accountability 3

Performance Requirement: Submit timely and complete client data reports for all clients as specified: Client Data Warehouse (CDW)

Explanation: The following table shows admission data submitted by Area Programs to the CDW as of January 22, 2003

| Area Program/County | Facility Code | OCT | NOV | DEC | Second Quarter Adm 03 | Second Quarter Adm 02 | Monthly Average 03 | Monthly Average 02 |
|-------------------------|---------------|-----|-----|-----|-----------------------|-----------------------|--------------------|--------------------|
| Alamance-Caswell | 23051 | 193 | 127 | 81 | 401 | 0 | 134 | 0 |
| Albemarle | 43121 | 239 | 158 | 142 | 539 | 414 | 180 | 138 |
| Blue Ridge | 13021 | 287 | 236 | 201 | 724 | 899 | 241 | 300 |
| Catawba | 13091 | 232 | 186 | 162 | 580 | 606 | 193 | 202 |
| CenterPoint | 23021 | 373 | 344 | 239 | 956 | 962 | 319 | 321 |
| Crossroads | 23011 | 404 | 219 | 194 | 817 | 342 | 272 | 114 |
| | 23012 | 19 | 13 | 17 | 49 | 112 | 16 | 37 |
| | 23013 | 20 | 7 | 5 | 32 | 79 | 11 | 26 |
| | 23014 | 53 | 24 | 22 | 99 | 343 | 33 | 114 |
| Cumberland | 33051 | 337 | 240 | 222 | 799 | 630 | 266 | 210 |
| Davidson | 33021 | 145 | 104 | 76 | 325 | 517 | 108 | 172 |
| Duplin-Sampson | 43131 | 114 | 59 | 108 | 281 | 327 | 94 | 109 |
| Durham | 23071 | 91 | 58 | 27 | 176 | 211 | 59 | 70 |
| Edgecombe-Nash | 43051 | 212 | 151 | 113 | 476 | 120 | 159 | 40 |
| Foothills | 13051 | 0 | 0 | 0 | 0 | 275 | 0 | 92 |
| Guilford | 23041 | 585 | 410 | 196 | 1,191 | 1222 | 397 | 407 |
| Johnston | 33071 | 171 | 121 | 96 | 388 | 273 | 129 | 91 |
| Lee-Harnett | 33061 | 104 | 0 | 57 | 161 | 307 | 54 | 102 |
| Lenior | 43081 | 35 | 40 | 30 | 105 | 152 | 35 | 51 |
| Mecklenburg | | | | | | | | |
| Carolina Medic | 13101 | 426 | 352 | 290 | 1,068 | 0 | 356 | 0 |
| Child Dev. Disabilities | 13102 | 376 | 288 | 0 | 664 | 63 | 221 | 21 |
| Neuse | 43071 | 115 | 99 | 57 | 271 | 291 | 90 | 97 |
| New River | 13030 | 175 | 115 | 97 | 387 | 344 | 129 | 115 |
| Onslow | 43021 | 187 | 105 | 38 | 330 | 81 | 110 | 27 |
| Orange-Person-Chatham | 23061 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Pathways | 13081 | 679 | 518 | 333 | 1,530 | 1145 | 510 | 382 |

| Area Program/County | Facility Code | OCT | NOV | DEC | Second Quarter Adm 03 | Second Quarter Adm 02 | Monthly Average 03 | Monthly Average 02 |
|---|---------------|--------------|--------------|--------------|-----------------------|-----------------------|--------------------|--------------------|
| Piedmont | 13121 | 79 | 34 | 13 | 126 | 20 | 42 | 7 |
| Accountability 3 - Client Data Warehouse (CDW), continued | | | | | | | | |
| Pitt | 43091 | 199 | 149 | 138 | 486 | 393 | 162 | 131 |
| Randolph | 33101 | 166 | 117 | 0 | 283 | 0 | 94 | 0 |
| RiverStone | 43061 | 103 | 73 | 0 | 176 | 0 | 59 | 0 |
| Roanoke-Chowan | 43101 | 136 | 89 | 41 | 266 | 269 | 89 | 90 |
| Rockingham | 23031 | 147 | 96 | 77 | 320 | 675 | 107 | 225 |
| Rutherford-Polk | 13061 | 48 | 61 | 34 | 143 | 235 | 48 | 78 |
| Sandhills | 33031 | 258 | 171 | 95 | 524 | 480 | 175 | 160 |
| SE Center | 43011 | 309 | 211 | 167 | 687 | 409 | 229 | 136 |
| SE Regional | 33041 | 116 | 35 | 0 | 151 | 419 | 50 | 140 |
| Smoky Mountain | 13010 | 300 | 214 | 181 | 695 | 742 | 232 | 247 |
| Tideland | 43111 | 151 | 140 | 50 | 341 | 391 | 114 | 130 |
| Trend | 13041 | 69 | 57 | 24 | 150 | 266 | 50 | 89 |
| V-G-F-W | 23081 | 176 | 72 | 0 | 248 | 231 | 83 | 77 |
| Wake | 33081 | 151 | 83 | 13 | 247 | 239 | 82 | 80 |
| Wayne | 43031 | 157 | 99 | 82 | 338 | 299 | 113 | 100 |
| Wilson-Greene | 43041 | 133 | 81 | 47 | 261 | 138 | 87 | 46 |
| TOTAL ADMISSIONS | | 8,270 | 5,756 | 3,765 | 17,791 | 14,921 | 5,930 | 4,974 |

Accountability3-CDW, Q2

2002-2003 Performance Agreement
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Accountability 3

**Performance Requirement: Submit timely and complete client data reports for all clients as specified:
Client Data Warehouse (CDW) - Missing Principal or Primary Diagnosis in the CDW- Not To Exceed 10%**

Explanation: The following table depicts the percentage of clients admitted during quarter 1 with a missing principal or primary diagnosis.

Percentage of Missing Diagnoses Quarter 1 (Jul-Sept 2002)

| Area Program/County | AREA CODE | PRINCIPAL DIAGNOSIS | PRIMARY DIAGNOSIS |
|-----------------------|-----------|---------------------|-------------------|
| Alamance-Caswell | 205 | 9% | 11% |
| Albemarle | 412 | 0% | 0% |
| Blue Ridge | 102 | 0% | 0% |
| Catawba | 109 | 0% | 0% |
| CenterPoint | 202 | 2% | 2% |
| Crossroads | 201 | 18% | 18% |
| Cumberland | 305 | 0% | 1% |
| Davidson | 302 | 0% | 0% |
| Duplin-Sampson | 413 | 1% | 1% |
| Durham | 207 | 2% | 1% |
| Edgecombe-Nash | 405 | 1% | 1% |
| Foothills | 105 | 0% | 0% |
| Guilford | 204 | 4% | 4% |
| Johnston | 307 | 0% | 0% |
| Lee-Harnett | 306 | 20% | 18% |
| Lenior | 408 | 1% | 1% |
| Mecklenburg | 110 | 28% | 28% |
| Neuse | 407 | 0% | 0% |
| New River | 103 | 1% | 25% |
| Onslow | 402 | 17% | 17% |
| Orange-Person-Chatham | 206 | 8% | 8% |
| Pathways | 108 | 0% | 0% |
| Piedmont | 112 | 16% | 1% |
| Pitt | 409 | 33% | 34% |
| Randolph | 310 | 9% | 10% |
| RiverStone | 406 | 10% | 6% |
| Roanoke-Chowan | 410 | 1% | 0% |
| Rockingham | 203 | 0% | 0% |
| Rutherford-Polk | 106 | 47% | 17% |
| Sandhills | 303 | 2% | 1% |
| SE Center | 401 | 0% | 0% |
| SE Regional | 304 | 49% | 45% |
| Smoky Mountain | 101 | 12% | 13% |
| Tideland | 411 | 6% | 3% |
| Trend | 104 | 0% | 0% |
| V-G-F-W | 208 | 6% | 5% |
| Wake | 308 | 7% | 7% |
| Wayne | 403 | 15% | 14% |
| Wilson-Greene | 404 | 1% | 1% |

Accountability3-CDW-MissingDiagnosis, Q2

2002-2003 Performance Agreement
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Accountability 3

Performance Requirement: Submit timely and complete client data reports for all clients as specified: Client Data Warehouse (CDW) - Missing Required Fields - Not to exceed 10%

Explanation: The following table depicts the percentage of clients admitted during Quarter 1 Jul-Sept 2002 with missing required fields. Please note: Area Programs that are shaded did not submit data to the CDW in Quarter 1.

| Area Program/County | AREA CODE | STATE OF RESIDENCE | ABILITY TO PAY | COMPETENCY STATUS | Court Order Type - No Longer Required | EAP CODE | EDUCATION LEVEL | EMPLOYMENT STATUS | VETERAN STATUS |
|-----------------------|-----------|--------------------|----------------|-------------------|---------------------------------------|----------|-----------------|-------------------|----------------|
| Alamance-Caswell | 205 | 0% | 0% | 0% | | 0% | 1% | 0% | 0% |
| Albemarle | 412 | 0% | 0% | 0% | | 0% | 0% | 0% | 0% |
| Blue Ridge | 102 | 0% | 0% | 0% | | 0% | 0% | 0% | 0% |
| Catawba | 109 | 0% | 0% | 0% | | 0% | 0% | 0% | 0% |
| CenterPoint | 202 | 0% | 0% | 0% | | 0% | 0% | 0% | 0% |
| Crossroads | 201 | 0% | 0% | 0% | | 0% | 0% | 0% | 0% |
| Cumberland | 305 | 0% | 0% | 0% | | 0% | 0% | 0% | 0% |
| Davidson | 302 | 0% | 0% | 0% | | 0% | 0% | 0% | 0% |
| Duplin-Sampson | 413 | 0% | 0% | 0% | | 1% | 0% | 0% | 0% |
| Durham | 207 | 0% | 2% | 0% | | 0% | 0% | 0% | 1% |
| Edgecombe-Nash | 405 | 0% | 0% | 0% | | 0% | 0% | 0% | 0% |
| Foothills | 105 | 0% | 0% | 0% | | 0% | 0% | 0% | 0% |
| Guilford | 204 | 0% | 0% | 0% | | 0% | 0% | 0% | 0% |
| Johnston | 307 | 0% | 0% | 0% | | 0% | 0% | 0% | 0% |
| Lee-Harnett | 306 | 0% | 0% | 0% | | 0% | 0% | 0% | 0% |
| Lenior | 408 | 0% | 0% | 0% | | 0% | 0% | 0% | 0% |
| Mecklenburg | 110 | 0% | 0% | 0% | | 0% | 17% | 0% | 0% |
| Neuse | 407 | 0% | 0% | 0% | | 0% | 0% | 0% | 0% |
| New River | 103 | 0% | 6% | 0% | | 0% | 0% | 0% | 0% |
| Onslow | 402 | 0% | 0% | 0% | | 0% | 0% | 0% | 0% |
| Orange-Person-Chatham | 206 | 0% | 0% | 5% | | 0% | 2% | 0% | 1% |
| Pathways | 108 | 0% | 0% | 0% | | 0% | 0% | 0% | 0% |
| Piedmont | 112 | 0% | 0% | 0% | | 0% | 0% | 0% | 0% |
| Pitt | 409 | 0% | 0% | 0% | | 0% | 0% | 0% | 0% |

| Area Program/County | AREA CODE | STATE OF RESIDENCE | ABILITY TO PAY | COMPETENCY STATUS | Court Order Type - No Longer Required | EAP CODE | EDUCATION LEVEL | EMPLOYMENT STATUS | VETERAN STATUS |
|---|-----------|--------------------|----------------|-------------------|---------------------------------------|----------|-----------------|-------------------|----------------|
| Randolph | 310 | 0% | 1% | 1% | | 2% | 1% | 0% | 2% |
| Accountability 3 - Missing Required Fields, continued | | | | | | | | | |
| RiverStone | 406 | 1% | 100% | 0% | | 0% | 1% | 0% | 0% |
| Roanoke-Chowan | 410 | 0% | 0% | 0% | | 0% | 0% | 0% | 0% |
| Rockingham | 203 | 0% | 0% | 0% | | 0% | 0% | 0% | 0% |
| Rutherford-Polk | 106 | 0% | 0% | 0% | | 0% | 0% | 0% | 0% |
| Sandhills | 303 | 0% | 0% | 0% | | 0% | 0% | 0% | 0% |
| SE Center | 401 | 0% | 0% | 0% | | 0% | 0% | 0% | 0% |
| SE Regional | 304 | 1% | 0% | 0% | | 0% | 0% | 0% | 0% |
| Smoky Mountain | 101 | 0% | 0% | 0% | | 0% | 0% | 0% | 0% |
| Tideland | 411 | 0% | 1% | 0% | | 0% | 0% | 0% | 0% |
| Trend | 104 | 0% | 1% | 1% | | 0% | 0% | 0% | 0% |
| V-G-F-W | 208 | 0% | 0% | 1% | | 0% | 0% | 0% | 0% |
| Wake | 308 | 0% | 0% | 1% | | 0% | 1% | 0% | 1% |
| Wayne | 403 | 2% | 4% | 0% | | 0% | 0% | 0% | 0% |
| Wilson-Greene | 404 | 0% | 0% | 0% | | 0% | 0% | 0% | 0% |

Accountability3- CDW-MissingRequiredFields, Q2

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Accountability 3

Performance Requirement: Submit timely and complete client data reports for all clients as specified: Client Data Warehouse (CDW) - Missing Substance Abuse Data - Not To Exceed 10%

Explanation: The following table depicts the percentage of client admitted during quarter 1 with a principal of primary

Percentage of Missing Substance Abuse Data Quarter 1 (Jul-Sept 2002)

| Area Program/County | AREA CODE | DRUG OF CHOICE | SERVICE TYPE | METHADONE | UFDS |
|-----------------------|-----------|----------------|--------------|-----------|------|
| Alamance-Caswell | 205 | 4% | 16% | 16% | 16% |
| Albemarle | 412 | 1% | 0% | 0% | 0% |
| Blue Ridge | 102 | 1% | 1% | 1% | 1% |
| Catawba | 109 | 0% | 3% | 3% | 3% |
| CenterPoint | 202 | 0% | 0% | 0% | 0% |
| Crossroads | 201 | 41% | 40% | 40% | 40% |
| Cumberland | 305 | 1% | 0% | 0% | 0% |
| Davidson | 302 | 0% | 0% | 0% | 0% |
| Duplin-Sampson | 413 | 0% | 0% | 0% | 0% |
| Durham | 207 | 2% | 4% | 4% | 4% |
| Edgecombe-Nash | 405 | 1% | 1% | 1% | 1% |
| Foothills | 105 | 0% | 0% | 0% | 0% |
| Guilford | 204 | 3% | 6% | 6% | 6% |
| Johnston | 307 | 0% | 0% | 0% | 0% |
| Lee-Harnett | 306 | 17% | 11% | 11% | 11% |
| Lenior | 408 | 0% | 3% | 3% | 3% |
| | 110 | 22% | 29% | 29% | 29% |
| Neuse | 407 | 3% | 0% | 0% | 0% |
| New River | 103 | 3% | 3% | 3% | 3% |
| Onslow | 402 | 0% | 1% | 1% | 1% |
| Orange-Person-Chatham | 206 | 7% | 2% | 2% | 2% |
| Pathways | 108 | 0% | 0% | 0% | 0% |
| Piedmont | 112 | 6% | 3% | 3% | 3% |
| Pitt | 409 | 6% | 6% | 6% | 6% |
| Randolph | 310 | 5% | 13% | 13% | 13% |
| RiverStone | 406 | 12% | 100% | 100% | 100% |
| Roanoke-Chowan | 410 | 1% | 0% | 0% | 0% |
| Rockingham | 203 | 0% | 0% | 0% | 0% |
| Rutherford-Polk | 106 | 45% | 45% | 45% | 45% |
| Sandhills | 303 | 1% | 1% | 1% | 1% |
| SE Center | 401 | 2% | 1% | 1% | 1% |
| SE Regional | 304 | 6% | 6% | 6% | 6% |
| Smoky Mountain | 101 | 8% | 6% | 6% | 6% |
| Tideland | 411 | 5% | 100% | 100% | 100% |
| Trend | 104 | 0% | 1% | 1% | 1% |
| V-G-F-W | 208 | 30% | 6% | 6% | 6% |
| Wake | 308 | 2% | 3% | 3% | 3% |
| Wayne | 403 | 1% | 99% | 99% | 99% |
| Wilson-Greene | 404 | 5% | 3% | 3% | 3% |

Accountability3-CDW-MissingSADData, Q2

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Accountability 3

Performance Requirement

clients as specified: Unknown Values in Mandatory Fields in the CDW- Not To Exceed 15%

Explanation: The following table depicts the percentage of clients admitted during quarter 1 with unknown values in mandatory data fields.

Percentage Unknown Quarter 1 (Jul-Sept 2002)

| Area Program/County | AREA CODE | COUNTY | RACE | ETHNICITY | GENDER | MARITAL STATUS |
|-----------------------|-----------|--------|------|-----------|--------|----------------|
| Alamance-Caswell | 205 | 0% | 0% | 0% | 0% | 0% |
| Albemarle | 412 | 0% | 0% | 0% | 0% | 0% |
| Blue Ridge | 102 | 0% | 0% | 0% | 0% | 0% |
| Catawba | 109 | 0% | 0% | 0% | 0% | 0% |
| CenterPoint | 202 | 0% | 0% | 0% | 0% | 0% |
| Crossroads | 201 | 0% | 1% | 0% | 0% | 1% |
| Cumberland | 305 | 0% | 0% | 0% | 0% | 0% |
| Davidson | 302 | 0% | 0% | 0% | 0% | 0% |
| Duplin-Sampson | 413 | 0% | 0% | 0% | 0% | 0% |
| Durham | 207 | 0% | 2% | 1% | 0% | 3% |
| Edgecombe-Nash | 405 | 0% | 0% | 0% | 0% | 0% |
| Foothills | 105 | 0% | 0% | 0% | 0% | 0% |
| Guilford | 204 | 0% | 1% | 5% | 0% | 1% |
| Johnston | 307 | 0% | 0% | 0% | 0% | 0% |
| Lee-Harnett | 306 | 0% | 0% | 0% | 0% | 1% |
| Lenior | 408 | 0% | 0% | 0% | 0% | 1% |
| Mecklenburg | 110 | 0% | 0% | 3% | 0% | 1% |
| Neuse | 407 | 0% | 0% | 0% | 0% | 0% |
| New River | 103 | 0% | 0% | 3% | 0% | 2% |
| Onslow | 402 | 0% | 0% | 0% | 0% | 0% |
| Orange-Person-Chatham | 206 | 0% | 0% | 0% | 0% | 0% |
| Pathways | 108 | 0% | 0% | 0% | 0% | 0% |
| Piedmont | 112 | 0% | 0% | 0% | 0% | 0% |
| Pitt | 409 | 4% | 1% | 0% | 0% | 6% |
| Randolph | 310 | 0% | 0% | 0% | 0% | 0% |
| RiverStone | 406 | 0% | 0% | 0% | 0% | 0% |
| Roanoke-Chowan | 410 | 0% | 0% | 0% | 0% | 0% |
| Rockingham | 203 | 0% | 0% | 0% | 0% | 0% |
| Rutherford-Polk | 106 | 0% | 4% | 0% | 0% | 0% |
| Sandhills | 303 | 0% | 0% | 0% | 0% | 0% |
| SE Center | 401 | 0% | 0% | 4% | 0% | 1% |
| SE Regional | 304 | 0% | 2% | 0% | 0% | 0% |
| Smoky Mountain | 101 | 0% | 2% | 0% | 0% | 0% |
| Tideland | 411 | 0% | 0% | 1% | 0% | 1% |
| Trend | 104 | 0% | 0% | 0% | 0% | 0% |
| V-G-F-W | 208 | 0% | 0% | 0% | 0% | 0% |
| Wake | 308 | 0% | 0% | 0% | 0% | 0% |
| Wayne | 403 | 0% | 2% | 3% | 0% | 2% |
| Wilson-Greene | 404 | 0% | 0% | 0% | 0% | 0% |

Accountability3- CDW-UnknownMandatory, Q2

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Accountability 3

Performance Requirement: Submit timely and complete client data reports for all clients as specified: **Client Outcomes Instrument (COI)**

Explanation: At this time, there is only one accountability measure for client outcomes: (1) a comparison of the number of admissions where the client record number ends in a 3 or a 6 with the admissions in the CDW where the client record number ends in a 3 or a 6.

The following table is a report of initial COIs from 7/1/2002 through 9/30/2002.

| Area Program/County | Admission Records Ending 3 or 6 in CDW | Admission COIs Submitted (3/6 Sampling Criterion) | NC TOPPS Admission Forms Ending in 3/6 | Required Admission COIs As Percentage of CDW Admissions | % of Admission COIs and Admission NC TOPPS As Percentage of CDW |
|---------------------|--|--|--|---|---|
| Alamance-Caswell | 87 | 26 | 0 | 30% | 30% |
| Albemarle | 99 | 81 | 0 | 82% | 82% |
| Blue Ridge | 148 | 111 | 14 | 75% | 84% |
| Catawba | 72 | 72 | 0 | 100% | 100% |
| CenterPoint | 207 | 102 | 43 | 50% | 70% |
| Crossroads | 195 | 144 | 0 | 74% | 74% |
| Cumberland | 174 | 162 | 1 | 93% | 94% |
| Davidson | 66 | 51 | 1 | 77% | 79% |
| Duplin-Sampson | 70 | 62 | 0 | 89% | 89% |
| Durham | 57 | 23 | 1 | 40% | 42% |
| Edgecombe-Nash | 105 | 92 | 0 | 88% | 88% |
| Foothills | 0 | 0 | 0 | 0% | 0% |
| Guilford | 268 | 82 | 6 | 31% | 33% |
| Johnston | 83 | 81 | 0 | 98% | 98% |
| Lee-Harnett | 20 | 19 | 0 | 95% | 95% |
| Lenior | 38 | 1 | 0 | 82% | 82% |
| Mecklenburg | 110 | 28 | 0 | 25% | 25% |
| Neuse | 49 | 34 | 0 | 69% | 69% |
| New River | 69 | 59 | 0 | 86% | 86% |
| O-P-C | 71 | 59 | 1 | 8% | 85% |
| Onslow | 78 | 41 | 0 | 53% | 53% |
| Pathways | 286 | 107 | 0 | 37% | 37% |
| Piedmont | 101 | 43 | 18 | 43% | 60% |
| Pitt | 91 | 77 | 1 | 85% | 86% |

| Area Program/County | Admission Records Ending 3 or 6 in CDW | Admission COIs Submitted (3/6 Sampling Criterion) | NC TOPPS Admission Forms Ending in 3/6 | Required Admission COIs As Percentage of CDW Admissions | % of Admission COIs and Admission NC TOPPS As Percentage of CDW |
|--|---|--|---|---|---|
| Accountability 3 - Client Outcomes Instrument, continued | | | | | |
| Randolph | 73 | 50 | 0 | 68% | 68% |
| RiverStone | 46 | 42 | 0 | 91% | 91% |
| Roanoke Chowan | 66 | 63 | 2 | 95% | 98% |
| Rockingham | 51 | 39 | 0 | 76% | 76% |
| Rutherford-Polk | 34 | 14 | 0 | 41% | 41% |
| Sandhills | 123 | 46 | 30 | 37% | 62% |
| Smoky Mountain | 149 | 113 | 0 | 76% | 76% |
| Southeastern Center | 139 | 94 | 35 | 68% | 93% |
| Southeastern Reg | 18 | 4 | 0 | 22% | 22% |
| Tideland | 81 | 0 | 9 | 0% | 11% |
| Trend | 53 | 26 | 0 | 49% | 49% |
| V-G-F-W | 79 | 49 | 0 | 62% | 62% |
| Wake | 136 | 30 | 26 | 22% | 41% |
| Wayne | 70 | 38 | 0 | 54% | 54% |
| Wilson-Greene | 50 | 47 | 0 | 94% | 94% |
| Statewide Total | 3712 | 2212 | 188 | 60% | 65% |

Accountability3- COI, Q2

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Accountability 3

Performance Requirement: Submit timely and complete data reports for all clients as specified: **MR/MI Person Centered Plans**

**The Developmental Disabilities Services
Section did not submit a second quarter
report on this performance requirement.**

Accountability3- MR-MI PCPlans, Q2

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Accountability 3

Performance Requirement: Submit timely and complete client data reports for all clients as specified: **The Local Community Collaborative will submit Comprehensive Treatment Services Program (At Risk Children) waiting list data on a quarterly basis.**

| Area Program/County | Waiting List Data Submitted |
|---------------------------------|-----------------------------|
| Alamance-Caswell | Yes |
| Albemarle | Yes |
| Blue Ridge | Yes |
| Catawba | Yes |
| CenterPoint | Yes |
| Crossroads | Yes |
| Cumberland | Yes |
| Davidson | Yes |
| Duplin-Sampson-Lenoir | Yes |
| Durham | Yes |
| Edgecombe-Nash | Yes |
| Foothills | Yes |
| Guilford | Yes |
| Johnston | Yes |
| Lee-Harnett | Yes |
| Mecklenburg | Yes |
| Neuse | Yes |
| New River | Yes |
| Onslow | Yes |
| Orange-Person-Chatham | Yes |
| Pathways | Yes |
| Piedmont | Yes |
| Pitt | Yes |
| Randolph | Yes |
| RiverStone | Yes |
| Roanoke-Chowan | Yes |
| Rockingham | Yes |
| Rutherford-Polk | Yes |
| Sandhills | Yes |
| Smoky Mountain | Yes |
| Southeastern Center | Yes |
| Southeast Regional | Yes |
| Tideland | Yes |
| Trend | Yes |
| Vance-Granville-Franklin-Warren | Yes |
| Wake | Yes |
| Wayne | Yes |
| Wilson-Greene | Yes |

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Client Rights and Relations 1

Performance Requirement: Administer the Division Client Satisfaction Surveys to Mental Health and Substance Abuse clients, consistent with Division standards and submit data received according to Division guidelines

Explanation: There is one accountability measure for the consumer Satisfaction Survey. This criterion is based upon scannable forms processed. *

| Area Program/County | Active Caseload | 10% of Active MH & SA Caseload | Number of Forms Received | * Number of Scannable Forms | % of Expected |
|------------------------|-----------------|--------------------------------|--------------------------|-----------------------------|---------------|
| Alamance-Caswell | 5774 | 577 | 605 | 596 | 103.3% |
| Albemarle | 3250 | 325 | 410 | 408 | 125.5% |
| Blue Ridge | 4431 | 443 | 520 | 520 | 117.4% |
| Catawba | 2612 | 261 | 292 | 292 | 111.9% |
| CenterPoint | 16439 | 1000 | 1298 | 1076 | 107.6% |
| Crossroads | 5106 | 511 | 805 | 800 | 156.6% |
| Cumberland | 4582 | 458 | 645 | 645 | 140.8% |
| Davidson | 2621 | 262 | 379 | 379 | 144.7% |
| Duplin-Sampson | 3416 | 342 | 544 | 544 | 159.1% |
| Durham | 6000 | 600 | 703 | 699 | 116.5% |
| Edgecombe-Nash | 3997 | 400 | 725 | 725 | 181.3% |
| Foothills | 8257 | 826 | 852 | 852 | 103.1% |
| Guilford | 13003 | 1000 | 0 | 0 | 0.0% |
| Johnston | 2632 | 263 | 263 | 263 | 100.0% |
| Lee-Harnett | 3778 | 378 | 414 | 414 | 109.5% |
| Lenoir | 1264 | 126 | 139 | 139 | 110.3% |
| Mecklenburg | 24380 | 1000 | 1839 | 1838 | 183.8% |
| Neuse | 3357 | 336 | 599 | 571 | 169.9% |
| New River | 7243 | 724 | 792 | 765 | 105.7% |
| Onslow | 3106 | 311 | 373 | 373 | 119.9% |
| O-P-C | 4932 | 493 | 495 | 495 | 100.4% |
| Pathways | 7566 | 757 | 1028 | 1028 | 135.8% |
| Piedmont | 6024 | 602 | 838 | 684 | 113.6% |
| Pitt | 4090 | 409 | 626 | 625 | 152.8% |
| Randolph | 3754 | 375 | 492 | 492 | 131.2% |
| RiverStone | 3500 | 350 | 412 | 412 | 117.7% |
| Roanoke-Chowan | 3757 | 376 | 422 | 422 | 112.2% |
| Rockingham | 2295 | 229 | 227 | 227 | 99.1% |
| Rutherford-Polk | 3160 | 316 | 330 | 321 | 101.6% |
| Sandhills | 4007 | 401 | 801 | 798 | 199.0% |
| Smoky Mountain | 5831 | 583 | 468 | 468 | 80.3% |
| SE Center | 6298 | 630 | 694 | 668 | 106.0% |
| SE Regional | 9060 | 906 | 977 | 969 | 107.0% |
| Tideland | 4541 | 454 | 614 | 614 | 135.2% |
| Trend | 2053 | 205 | 255 | 253 | 123.4% |
| V-G-F-W | 4677 | 468 | 473 | 472 | 100.9% |
| Wake | 6812 | 681 | 686 | 686 | 100.7% |
| Wayne | 4008 | 401 | 432 | 432 | 107.7% |
| Wilson-Greene | 4049 | 405 | 405 | 405 | 100.0% |
| TOTAL FOR STATE | 215662 | 19184 | 22872 | 22370 | 116.6% |

* Number of scannable forms processed/10% of MH and SA Active Caseload.

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Access to Services 1

Performance Requirement: Provide access to services for eligible children in Department of Social Services (DSS) custody in an attempt to maintain or improve penetration rates for Fiscal Year 2002 to Fiscal Year 2003, subject to available funding.

Explanation:

Penetration rate = (A / B)

where A = Number of children in DSS custody receiving MH services from Area Program. From Medicaid paid claims data.

B = Number of children in DSS custody in Area Program catchment area. From Medicaid eligibility data. Children (age<18) with eligibility aid-category IAS or HSF.

| Area Program/County | SFY2000 Adjusted Average | SFY2001 Adjusted Average | SFY2002 Adjusted Average | Adjusted SFY03 Quarter 1 | Adjusted SFY03 Quarter 2 |
|-----------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Alamance-Caswell | 27.4 % | 21.7 % | 22.3 % | 24.1 % | 20.8 % |
| Albermarle | 22.6 % | 22.1 % | 28.1 % | 31.6 % | 29.0 % |
| Blue Ridge | 39.0 % | 37.0 % | 37.7 % | 39.4 % | 36.4 % |
| Catawba | 4.0 % | 31.3 % | 32.1 % | 30.0 % | 23.5 % |
| CenterPoint | 24.5 % | 26.3 % | 29.7 % | 30.6 % | 27.3 % |
| Crossroads | 24.5 % | 22.1 % | 21.8 % | 18.3 % | 14.7 % |
| Cumberland | 15.7 % | 15.7 % | 15.8 % | 16.5 % | 13.3 % |
| Davidson | 25.7 % | 23.6 % | 26.3 % | 25.5 % | 21.5 % |
| Duplin-Sampson-Lenoir | 18.6 % | 20.0 % | 17.8 % | 13.4 % | 12.9 % |
| Durham | 31.9 % | 30.3 % | 28.7 % | 30.3 % | 25.4 % |
| Edgecombe-Nash | 25.4 % | 26.9 % | 30.7 % | 28.7 % | 27.7 % |
| Foothills | 23.1 % | 22.7 % | 20.7 % | 20.9 % | 19.0 % |
| Guilford | 30.2 % | 24.1 % | 27.0 % | 25.1 % | 19.8 % |
| Johnston | 21.2 % | 29.3 % | 25.3 % | 24.0 % | 21.5 % |
| Lee-Harnett | 17.8 % | 16.4 % | 23.2 % | 22.2 % | 17.0 % |
| Lenoir | 17.7 % | n/a* | n/a* | n/a* | n/a* |
| Mecklenburg | 26.3 % | 29.5 % | 32.9 % | 25.0 % | 19.5 % |
| Neuse | 21.7 % | 21.6 % | 22.2 % | 20.8 % | 20.2 % |
| New River | 38.4 % | 35.2 % | 30.0 % | 31.8 % | 28.7 % |
| Onslow | 14.8 % | 15.5 % | 9.6 % | 10.9 % | 8.4 % |
| Orange-Person-Chatham | 32.7 % | 32.1 % | 32.2 % | 40.2 % | 30.8 % |
| Pathways | 35.0 % | 37.0 % | 40.4 % | 44.1 % | 37.4 % |
| Piedmont | 28.2 % | 26.5 % | 29.9 % | 31.6 % | 26.8 % |
| Pitt | 30.0 % | 31.8 % | 32.5 % | 31.0 % | 29.3 % |
| Randolph | 45.0 % | 49.6 % | 47.0 % | 45.3 % | 43.7 % |
| RiverStone | 26.9 % | 26.4 % | 34.2 % | 31.8 % | 28.9 % |
| Roanoke-Chowan | 37.4 % | 37.2 % | 35.4 % | 39.8 % | 38.5 % |
| Rockingham | 16.2 % | 17.1 % | 21.9 % | 20.5 % | 16.9 % |
| Rutherford-Polk | 36.6 % | 34.5 % | 32.9 % | 30.0 % | 25.7 % |
| Sandhills | 25.5 % | 23.1 % | 26.4 % | 27.4 % | 25.1 % |
| Smoky Mountain | 36.3 % | 32.9 % | 32.8 % | 40.4 % | 32.7 % |
| Southeastern Center | 34.8 % | 34.6 % | 35.5 % | 34.0 % | 34.2 % |
| Southeastern Regional | 20.3 % | 21.2 % | 22.0 % | 21.6 % | 19.5 % |
| Tideland | 34.6 % | 30.5 % | 25.8 % | 27.9 % | 29.0 % |
| Trend | 44.7 % | 40.0 % | 34.1 % | 26.8 % | 24.9 % |
| V-G-F-W | 30.2 % | 29.5 % | 27.6 % | 29.9 % | 24.8 % |
| Wake | 28.8 % | 30.1 % | 34.0 % | 33.7 % | 31.4 % |
| Wayne | 9.4 % | 11.6 % | 18.4 % | 20.0 % | 10.7 % |
| Wilson-Greene | 19.1 % | 19.6 % | 23.8 % | 20.8 % | 17.0 % |
| | | | | | |
| State total | | 27.8 % | 28.6 % | 29.2 % | 28.4 % |

*Data for Lenoir County provided with Duplin-Sampson due to merged functions and subsequent complete merger of Area Programs as Duplin-Sampson-Lenoir.

Access1- DSS Custody, Q2

APPENDIX

2002-2003 Performance Agreement

Corrected First Quarter Report

July 1, 2002 - September 30, 2002

Fiscal Management 2

Performance Requirement: Submit all reports required by law, regulations or DHHS by assigned due dates in acceptable quality and comply with all the performance indicators that are tracked in the reports: Volume of service reports for UCR MR/MI

Explanation: There is one part of the fiscal reporting measure for MR/MI Services: UCR receipts which is the amount of distinct months that the area program reported between July 2002 and June 2003.

| Area Program/County | UCR Bill Months | Total UCR Compliance | % Compliance |
|-----------------------|-----------------|----------------------|--------------|
| Alamance-Caswell | 3 | 3 | 100.00% |
| Albemarle | 3 | 3 | 100.00% |
| Blue Ridge | 2 | 3 | 66.67% |
| Catawba | 3 | 3 | 100.00% |
| CenterPoint | 0 | 3 | 0.00% |
| Crossroads | 3 | 3 | 100.00% |
| Cumberland | 3 | 3 | 100.00% |
| Davidson | 3 | 3 | 100.00% |
| Duplin-Sampson-Lenoir | 3 | 3 | 100.00% |
| Durham | 3 | 3 | 100.00% |
| Edgecombe-Nash | 2 | 3 | 66.67% |
| Foothills | 0 | 3 | 0.00% |
| Guilford | 3 | 3 | 100.00% |
| Johnston | 0 | 3 | 0.00% |
| Lee-Harnett | 2 | 3 | 66.67% |
| Mecklenburg | 3 | 3 | 100.00% |
| Neuse | 2 | 3 | 66.67% |
| New River | 3 | 3 | 100.00% |
| Onslow | 0 | 3 | 0.00% |
| O-P-C | 3 | 3 | 100.00% |
| Pathways | 3 | 3 | 100.00% |
| Piedmont | 3 | 3 | 100.00% |
| Pitt | 3 | 3 | 100.00% |
| Randolph | 3 | 3 | 100.00% |
| RiverStone | 3 | 3 | 100.00% |
| Roanoke-Chowan | 2 | 3 | 66.67% |
| Rockingham | 3 | 3 | 100.00% |
| Rutherford-Polk | 1 | 3 | 33.33% |
| Sandhills | 3 | 3 | 100.00% |
| Smoky Mountain | 3 | 3 | 100.00% |
| SE Center | 3 | 3 | 100.00% |
| SE Regional | 3 | 3 | 100.00% |
| Tideland | 3 | 3 | 100.00% |
| Trend | 2 | 3 | 66.67% |
| Tri-Alliance | 3 | 3 | 100.00% |
| V-G-F-W | 3 | 3 | 100.00% |
| Wake | 3 | 3 | 100.00% |
| Wayne | 3 | 3 | 100.00% |
| Wilson-Greene | 1 | 3 | 33.33% |
| Totals | 95 | 117 | |

Phase 1 sites are held harmless as they work through IPRS billing. These are highlighted in gray.

FM2-MR-MI UCR, Q1 Corrected